

3. Needs Assessment

Introduction

The market conditions described here and in Section 2 have had a disparate impact on Massachusetts residents, benefiting some, but creating hardship for many. This section documents the state's housing and community development needs and describes what is currently being done to address them. It provides the basis for determining how the Commonwealth will allocate its HUD funds and other financial resources during the next five years. The Needs Assessment is divided into five sections, in addition to this introduction, evaluating separately, 1.) the housing needs of the general population, 2.) the homeless, 3.) non-homeless families and individuals with special needs, including the elderly, 4.) non-housing community development needs of Massachusetts cities and towns, and 5.) the particular needs arising from the presence of lead paint in much of the state's aging housing stock.

Categories of Persons Affected

Information on the number and type of families in need of housing assistance has been drawn from several sources, including the 2000 Census, the 2003 Annual Community Survey, consultation with agencies and organizations that work on issues of housing and homelessness, including those that serve populations with special needs, and testimony from the public. In addition, HUD has prepared a series of needs tables,⁴⁶ based on special tabulations of data collected from the decennial census, to assist grantees in the consolidated planning process. The tables document general housing needs and the needs of specific subpopulations by household age and type, tenure, race, and housing condition. They conform to the standard HUD income classifications: extremely low income, 30 percent or less of the HUD area median family income; very low income, greater than 30 percent but not more than 50 percent; low income, greater than 50 percent but not more than 80 percent; and moderate income, greater than 80 percent, but not more than 95 percent.

Assessing Regional Needs

Massachusetts continues to face challenges in every region of the state and in every assessment category, but some demographic groups and regions have been more adversely impacted than others. Areas that least benefited from the economic prosperity of the 1990s continue to experience weak income growth and higher unemployment. Even in the areas that did prosper, many lost jobs when the economy began to falter in 2000. Still, they are left with the legacy of high housing costs.

DHCD recognizes that market forces and housing conditions vary greatly from one part of the state to another, and the agency has assessed needs at the local and regional, as well as the state, level. In this section, many of the findings are aggregated into seven geographic regions (Refer to Map 1.1), corresponding to the University of Massachusetts *Benchmarks* regions and the Governor's newly formed Regional Competitiveness Councils (RCCs). *Massachusetts Benchmarks* provides a quarterly analysis of the state's economy and regional economic development, and aggregates other useful data according to these regions. The RCCs form the foundation of the Governor's

⁴⁶ Summary tables are available on the web in the State of the Cities Data Systems Comprehensive Housing Affordability Strategy (CHAS) Data. Detailed tables at the county, municipality and census tract level are also available at www.HUDUser.org/data sets. Appendix E describes the various data sources and limitations in greater detail.

economic and community development strategy, making them an appropriate and useful standard. The regions also approximate the Massachusetts Association of Realtors reporting areas.

Assessing Needs in Entitlement and Non-Entitlement Communities

The largest allocation of federal funds covered by the Consolidated Plan – the Community Development Block Grant (CDBG) funds, which represent two thirds of the nearly \$58 million the state expects to receive each year – may *only* be used in the state’s non-entitlement communities. Nearly 45 percent of the state’s housing is located in its 35 entitlement communities, and the distribution of households with cost burdens is generally proportional. Many other housing problems, however, impact the entitlement communities disproportionately. Entitlement communities account for nearly 70 percent of the state’s subsidized low and moderate income housing.⁴⁷ They are also home to two thirds of the foreign born population and 72 percent of the recent immigrants (those arriving since 1990). They contain nearly 75 percent of the overcrowded units and over 80 percent of the severely overcrowded units. They contain over two-thirds of the state’s multi-family (5+ units) rental housing – and 80 percent of the multi-family rental units built prior to 1950 – but less than 30 percent of the owner occupied housing.

The entitlement communities represent about 40 percent of all households with housing problems and cost burdens, but a disproportionate share of minority households with such problems (85 percent of black households, 78 percent of Hispanic households, 71 percent of Asian households, and only 37 percent of white (non-Hispanic) households. They also represent the vast majority of the state’s homeless needs, HIV/AIDS cases and incidence of lead poisoning. In most cases, regional needs are broken out separately for entitlement and non-entitlement communities. DHCD strives to allocate funding equitably among jurisdictions and regions, consistent with the state’s overall needs, priorities and strategies.

⁴⁷ Identified as those subsidized units where occupancy is restricted to populations earning no more than 80 percent of area median income.

3. Needs Assessment

General Population

Even though Massachusetts is one of the most expensive housing markets in the nation, many of its residents are faring quite well. Homeowners who purchased before the recent run-up in home prices have prospered. Renters who have remained in the same unit for many years, and those living in publicly assisted housing or receiving housing vouchers, have been buffered from the harsh market conditions that confront those who need or want to move. More than 60 percent of the Commonwealth's renters and three quarters of its homeowners experience *neither* affordability problems, nor other serious housing issues. Owing in large part to forty years of determined state policy and federal support, more than 40 percent of all *low income* renters and homeowners report neither cost burdens nor housing problems. This section focuses on the housing needs of those who do face such burdens.

Nature and Extent of Housing Problems

For the population at large, housing needs fall into three categories: affordability, adequacy and access. The extent of these housing problems varies by location, household type, and race/ethnicity, but affordability is the major challenge across the board.

Affordability:⁴⁸ A Challenge Across Income Levels

The 2000 Census reported that 26 percent of all mortgaged homeowners and 39 percent of all renters were cost burdened, paying more than 30 percent of income for housing. The number with severe cost burdens, those paying more than 50 percent of income, was 9 percent and 18 percent, respectively. The 2003 Annual Community Survey (ACS) documented that the state's affordability problem has grown worse since the decennial census was conducted in April 2000. The ACS reported that there were more than 60,000 *fewer* renter households living in Massachusetts in 2003 than there had been just three years earlier, but the number paying in excess of 50 percent of their income for rent had increased by almost 9 percent. The percent of homeowners paying more than half their income in rent had increased by almost 11 percent. Most of the cost burdened households are extremely low and very low income, and many of them face other housing related problems as well.

While HUD requires that its resources benefit primarily low income households, it is evident that, in Massachusetts, affordability is not just a problem for those with limited incomes. Even middle and upper income households are spending a disproportionate share of their income for shelter, as illustrated by **Table 3.1**.

⁴⁸ Housing affordability is a function of housing cost and household income. HUD considers rental housing affordable if rent plus utilities paid by the tenant do not exceed 30 percent of gross household income. If housing costs exceed that amount, the household is considered to be cost burdened; if they consume more than 50 percent of income, it is considered severely cost burdened. In the case of homeowners, the standard is the same, but housing costs include mortgage payment, taxes and insurance.

Table 3.1

Table 3.1: Summary of Housing Problems by Income Classification						
Income Classification	Renters		Homeowners		All Households	
	Total	% with Problems	Total	% with Problems	Total	% with Problems
Total	935,331	38.9%	1,508,245	24.3%	2,443,576	29.9%
<= 30% of AMI	253,470	66.6%	94,615	81.0%	348,085	70.6%
>30%, but <=50%	150,655	64.3%	119,320	54.6%	269,975	60.0%
>50 %, but <=80 %	168,730	36.2%	198,100	43.5%	366,830	40.2%
>80 %, but <=95 %	94,535	19.3%	149,595	33.1%	244,130	27.8%
>95 %, but <=100 %	21,915	12.1%	42,345	24.4%	64,260	20.2%
>100 %, but <=115 %	57,576	10.1%	126,730	20.3%	184,306	17.1%
>115 %, but <=120 %	15,665	9.4%	40,685	15.5%	56,350	13.8%
>120 %, but <=140 %	52,905	6.9%	150,945	12.5%	203,850	11.1%
>140 %	119,880	4.7%	585,910	4.7%	705,790	4.7%

Source: HUD-Census Special Tabulation data, Tables MA A6A040r and MA A6B040r

Cost Burdens by Household Type and Income

Table 3.2⁴⁹ details the number of households by tenure (owner or renter), by type of household – elderly, small family (2-4 members), large family (5 or more members), or other – and by category of housing problem. Overall, the data support the findings of previous research:

- The lower a household's income, the more likely it is to experience affordability and/or other housing problems.
- More than two thirds of very low, and extremely low, income renters experience problems.
- The situation is most acute for large, low income families. More than 87 percent of extremely low income large families and nearly three quarters of those with very low incomes experience housing problems.
- A more recent trend is the increasing hardship experienced by existing low income homeowners. Over 80 percent of the lowest income owners have problems as do half of the very low and nearly a third of all other low income owners (i.e., those earning between 51-80 percent area median income).

⁴⁹ These tables, and most others that were prepared specifically for use in the consolidated planning process, combine housing problems (such as overcrowding and substandard conditions) with affordability problems into a single category called "housing or affordability" problems. A household is considered to have a housing problem if it experiences one or more of the following conditions: cost burden, overcrowding or substandard conditions. The overwhelming majority of such cases in Massachusetts are affordability only or affordability and other problems. Only 1.3 percent of all households – 0.8 percent of owners and 2.9 percent of renters – face problems of housing condition or crowding alone, with no cost burden.

Table 3.2

Housing Problems: All Households Statewide											
Household by Type, Income, & Housing Problem	Renters					Owners					Total Households
	Elderly (1 & 2 members)	Small Related (2 to 4 members)	Large Related (5 or more members)	All Other	Total Renters	Elderly (1 & 2 members)	Small Related (2 to 4 members)	Large Related (5 or more members)	All Other	Total Owners	
Household Income <= 50% MFI	135,609	117,945	28,225	122,205	403,984	130,097	43,260	12,464	28,113	213,934	617,918
Household Income <=30% MFI	91,270	68,155	15,355	78,590	253,370	58,344	16,735	4,250	15,300	94,629	347,999
% with any housing problems	55.4	76.1	87.1	67.5	66.6	80.9	82.9	88.8	77.3	81	70.6
# with any housing problems	50,564	51,866	13,374	53,048	168,744	47,200	13,873	3,774	11,827	76,649	245,687
% Cost Burden >30%	54.1	71.9	74.2	66.2	63.9	80.7	81.9	85.5	76.6	80.5	68.4
# Cost Burden >30	49,377	49,003	11,393	52,027	161,903	47,084	13,706	3,634	11,720	76,176	238,031
% Cost Burden >50%	33	55.9	52.4	54.2	46.9	49.8	72.6	76.5	65.6	57.6	49.8
# Cost Burden >50	30,119	38,099	8,046	42,596	118,831	29,055	12,150	3,251	10,037	54,506	173,304
Household Inc >30 to <=50% MFI	44,339	49,790	12,870	43,615	150,614	71,753	26,525	8,214	12,813	119,305	269,919
% with any housing problems	49.2	65.8	72.7	75.3	64.3	40.5	75.5	85.2	70.5	54.6	60
# with any housing problems	21,815	32,762	9,356	32,842	96,845	29,060	20,026	6,998	9,033	65,141	161,951
% Cost Burden >30%	48.2	60.7	43.9	73.7	59.4	40.2	75.1	80.5	70.1	54	57
# Cost Burden >30	21,371	30,223	5,650	32,144	89,465	28,845	19,920	6,612	8,982	64,425	153,854
% Cost Burden >50%	17.4	14.7	6.7	28.9	18.9	16.2	50.1	46.6	44.9	28.9	23.3
# Cost Burden >50	7,715	7,319	862	12,605	28,466	11,624	13,289	3,828	5,753	34,479	62,891
Household Inc >50 to <=80% MFI	26,219	60,610	13,815	68,045	168,689	81,258	67,520	21,980	27,335	198,093	366,782
% with any housing problems	33.7	30.2	49.9	39.8	36.2	20.9	58.5	63.7	57.6	43.5	40.2
# with any housing problems	8,836	18,304	6,894	27,082	61,065	16,983	39,499	14,001	15,745	86,170	147,446
% Cost Burden >30%	32.2	24.1	11.7	37.7	29.9	20.6	57.8	55.4	57.1	42.2	36.5
# Cost Burden >30	8,443	14,607	1,616	25,653	50,438	16,739	39,027	12,177	15,608	83,595	133,875
% Cost Burden >50%	6.9	1.8	0.5	5.5	4	7.7	16.8	11.2	20.6	13	8.8
# Cost Burden >50	1,809	1,091	69	3,742	6,748	6,257	11,343	2,462	5,631	25,752	32,277
Household Income >80% MFI	28,910	143,664	19,939	169,939	362,452	170,349	653,293	131,505	141,070	1,096,217	1,458,669
% with any housing problems	13.5	7.9	38	8.6	10.3	8.9	11.5	16.2	18.8	12.6	12
# with any housing problems	3,903	11,349	7,577	14,615	37,333	15,161	75,129	21,304	26,521	138,123	175,040
% Cost Burden >30%	11.9	3.2	1.5	6.7	5.4	8.6	11	10.5	18.4	11.5	10
# Cost Burden >30	3,440	4,597	299	11,386	19,572	14,650	71,862	13,808	25,957	126,065	145,867
% Cost Burden >50%	3.4	0.1	0.1	0.5	0.5	1.6	1.2	0.9	2.6	1.4	1.2
# Cost Burden >50	983	144	20	850	1,812	2,726	7,840	1,184	3,668	15,347	17,504
Total Households	190,738	322,219	61,979	360,189	935,125	381,704	764,073	165,949	196,518	1,508,244	2,443,369
% with any housing problems	44.6	35.5	60	35.4	38.9	28.4	19.5	27.7	32.1	24.3	29.9
# with any housing problems	85,069	114,388	37,187	127,507	363,764	108,404	148,994	45,968	63,082	366,503	730,567
% Cost Burden >30	43.3	30.6	30.6	33.6	34.4	28.1	18.9	21.8	31.7	23.2	27.5
# Cost Burden >30	82,590	98,599	18,966	121,024	321,683	107,259	144,410	36,177	62,296	349,913	671,926
% Cost Burden >50	21.3	14.5	14.5	16.6	16.7	13	5.8	6.5	12.8	8.6	11.7
# Cost Burden >50	40,627	46,722	8,987	59,791	156,166	49,622	44,316	10,787	25,154	129,709	285,874

Definitions for Table 3.2:

Any housing problems: cost burden greater than 30% of income and/or overcrowding and/or without complete kitchen or plumbing facilities.

Other housing problems: overcrowding (1.01 or more persons per room) and/or without complete kitchen or plumbing facilities.

Elderly households: 1 or 2 person household, either person 62 years old or older.

Renter: Data do not include renters living on boats, RVs or vans. This excludes approximately 25,000 households nationwide.

Cost Burden: Cost burden is the fraction of a household's total gross income spent on housing costs.

For renters, housing costs include rent paid by the tenant plus utilities. For owners, housing costs include mortgage payment, taxes, insurance, and utilities.

Source: SOCDS CHAS Data, Tables F5A, F5B, F5C, F5D. Data current as of 2000

Table 3.3, which compares problems of households earning less than \$40,000 in 1990 and 2000, shows that the problem has gotten worse since the Commonwealth submitted its last Consolidated Plan. The number of households at this income level, both renters and homeowners, declined over the decade, but the percent experiencing housing problems increased in every category of age and tenure. And, in the case of homeowners, the number experiencing problems increased as well.

Table 3.3

Households with Incomes Below \$40,000 Experiencing Housing Problems									
	1990			2000			% Change		
Tenure	#	# with Problems	% with Problems	#	# with Problems	% with Problems	Total # of Households	# with Problems	% with Problems
Homeowners w Income <\$40,000	539,604	191,583	36%	408,470	214,835	53%	-24%	12%	48%
Age 15-61	256,141	113,884	44%	171,840	116,410	68%	-33%	2%	52%
Age 62-74	175,961	43,130	25%	117,315	50,655	43%	-33%	17%	76%
Age 75+	107,502	34,569	32%	119,315	47,770	40%	11%	38%	25%
Renters w Income <\$40,000	682,079	352,509	52%	573,794	320,442	56%	-16%	-9%	8%
Age 15-61	483,020	257,440	53%	404,435	236,810	59%	-16%	-8%	10%
Age 62-74	101,910	48,805	48%	76,909	37,770	49%	-25%	-23%	3%
Age 75+	97,149	46,264	48%	92,450	45,862	50%	-5%	-1%	4%

Source: Special Tabulations of 1990 and 2000 Census, Economic and Market Analysis Division – HUD

Deteriorated and Substandard Housing, Overcrowding

The Census does not fully measure the condition of the state's housing inventory, but it does provide a "worst case scenario" by enumerating housing units that lack complete plumbing or kitchen facilities. The number of dwelling units in each of these categories increased slightly between 1990 and 2000 (from 0.6 percent lacking complete kitchen facilities in 1990 to 0.8 percent in 2000, an increase of nearly 6,000 units, and from 0.5 percent lacking complete plumbing in 1990 to 0.7 percent a decade later, an increase of nearly 7,000 units).⁵⁰

Table 3.2 underscores that the problems of overcrowding or substandard conditions are almost always accompanied by cost burdens. This is especially true for homeowners. Less than 1 percent of homeowners, and less than 5 percent of renters, reported problems with housing condition but not affordability.

⁵⁰ U.S. Census 1990, STF3, Tables HO42, 64 and 68; U.S. Census 2000, SF3, Tables H20, 47 and 50

HUD requires states receiving its funds to define the terms “standard condition,” “substandard condition” and “substandard condition, but suitable for rehabilitation.” For purposes of consolidated planning, the Commonwealth considers units standard if they meet HUD’s Section 8 quality standards. Consistent with the Census Bureau definition, units are deemed to be substandard if they lack complete plumbing and/or kitchen facilities.

The category “substandard, but suitable for rehabilitation,” includes units that would not currently meet Section 8 standards, but could be brought into compliance with local codes for less than replacement cost. Such units might have functional obsolescence, moderate structural damage, inadequate or inefficient heating systems, septic problems, and the like. They may also lack energy conserving features such as insulation or storm windows, and/or contain lead paint. (Lead paint hazards are discussed in greater detail in this section.) Because of the age of much of the housing stock, the severity of New England winters, and the number of communities that rely in whole, or in part, on onsite septic systems for wastewater treatment, a conservative estimate of the number of housing units in this category would be four times the number of substandards, or approximately 50,000 units. Because of the high home values in Massachusetts, substandard units may return to the market. DHCD relies on the expertise of those administering its housing rehabilitation programs at the local level to estimate and prioritize housing rehabilitation needs. Overcrowding, another indication of housing condition, is defined here as more than one person per room; severe overcrowding is more than 1.5 persons per room. These are consistent with U.S. Census Bureau definitions.

With 44 percent of its dwelling units more than 50 years old, it is clear that the Commonwealth’s housing inventory requires constant upgrading and repair to keep it safe and functional. Housing and community development agencies report constant demand for electrical and plumbing upgrades, weatherization improvements, and septic replacement to meet Title V requirements in communities with no municipal sewerage. Many dilapidated units have been rehabilitated in recent years. Unless the improvements are undertaken as part of a publicly subsidized initiative, however, they are usually accompanied by a rent (or price) increase, which exacerbates the affordability problem. The exceptions are those units that are rehabilitated under public subsidy programs. In a number of mature suburbs and resort communities, where the land value of a property is greater than the value of the existing structure, homes have been gutted – or demolished – and replaced with new, larger, dwellings. Typically, these properties, though dated and with some functional obsolescence, have been structurally adequate.⁵¹

Worst Case Needs

In assessing the severity of housing needs, HUD considers affordability, condition and overcrowding. The agency defines “worst case needs” as those unassisted renters with incomes below 50 percent of the local area median income who pay more than half their incomes for housing and/or live in severely substandard or overcrowded housing. Under this definition, more than 154,000 Massachusetts renter households experienced “worst case needs” in 2000. Applying the same threshold to homeowners adds another 89,000 households. Fewer than 16,000 of all “worst case needs” households experience just overcrowding and/or inadequate housing. Most (62%) experience affordability problems – cost burdens – as well. Especially at the lowest income levels, the two problems are almost always linked.

⁵¹ The 2002 Annual Community Survey records a modest drop in the number of substandard units since the 2000 Census, but it is unclear at this time that this represents a trend.

Table 3.4 portrays the “worst case” housing needs by region, type of need, and number and tenure of households experiencing needs. **Table 3.5** breaks it down still further, by household type. Table 3.5 uses an indexing to illustrate which household types are disproportionately experiencing different worst case needs. In the case of renters, it is large families; among homeowners, it is the elderly.

Table 3.4

Priority (Worst Case) Housing Needs						
Region	Housing Units	Substandard Housing Conditions*	Severe Overcrowding*	Moderate Overcrowding*	Severe Cost Burden**	Total with Worst Case Housing Needs
Renters						
Total Massachusetts	935,325	10,382	11,014	14,948	134,860	171,204
Entitlement	602,240	7,620	9,494	12,242	91,990	121,346
Non Entitlement	333,085	2,762	1,520	2,706	42,870	49,858
Berkshire	18,508	121	34	87	2,760	3,002
Entitlement	7,735	50	14	55	1,275	1,394
Non Entitlement	10,773	71	20	32	1,485	1,608
Boston	462,137	4,581	6,880	7,832	66,211	85,504
Entitlement	336,015	3,435	5,955	6,479	50,345	66,214
Non Entitlement	126,122	1,146	925	1,353	15,866	19,290
Cape and Islands	24,237	119	58	108	3,695	3,980
Entitlement	7,485	75	25	55	1,335	1,490
Non Entitlement	16,752	44	33	53	2,360	2,490
Central	100,718	1,034	781	1,214	13,936	16,965
Entitlement	52,195	680	694	930	8,185	10,489
Non Entitlement	48,523	354	87	284	5,751	6,476
Northeast	111,944	2,108	1,352	2,109	15,683	21,252
Entitlement	61,240	1,545	1,164	1,715	9,465	13,889
Non Entitlement	50,704	563	188	394	6,218	7,363
Pioneer Valley	96,162	1,392	1,283	2,000	15,081	19,756
Entitlement	57,105	1,110	1,049	1,694	9,140	12,993
Non Entitlement	39,057	282	234	306	5,941	6,763
Southeast	121,619	1,027	626	1,598	17,494	20,745
Entitlement	80,465	725	593	1,314	12,245	14,877
Non Entitlement	41,154	302	33	284	5,249	5,868
Homeowners						
Total Massachusetts	1,508,213	1,617	753	1,833	86,959	91,162
Entitlement	529,870	763	557	1,153	35,528	38,001
Non Entitlement	978,343	854	196	680	51,431	53,161
Berkshire	37,480	24	4	32	2,161	2,221
Entitlement	11,975	0	0	0	805	805
Non Entitlement	25,505	24	4	32	1,356	1,416
Boston	556,740	572	454	756	34,610	36,392
Entitlement	242,395	349	403	582	17,295	18,629
Non Entitlement	314,345	223	51	174	17,315	17,763
Cape and Islands	80,693	88	18	51	5,106	5,263
Entitlement	23,665	14	0	10	513	537
Non Entitlement	57,028	74	18	41	4,593	4,726
Central	180,805	240	33	121	8,994	9,388
Entitlement	46,260	99	15	19	2,870	3,003
Non Entitlement	134,545	141	18	102	6,124	6,385
Northeast	232,465	193	82	316	12,573	13,164
Entitlement	54,150	83	63	209	3,855	4,210
Non Entitlement	178,315	110	19	107	8,718	8,954
Pioneer Valley	164,610	245	71	186	8,446	8,948
Entitlement	64,795	93	37	99	3,875	4,104
Non Entitlement	99,815	152	34	87	4,571	4,844
Southeast	255,420	255	91	371	15,069	15,786
Entitlement	86,630	125	39	234	6,315	6,713
Non Entitlement	168,790	130	52	137	8,754	9,073

* Households experiencing these conditions usually experience cost burdens as well.

** Includes only households for whom cost burden was calculated

Source: DHCD Analysis of CHAS Data Tables F5 A,B,C,D

Table 3.5

Worst Case Needs By Household Type				
Household Type	Total Number of Units	Share of Units	% with "Worst Case" Needs	"Worst Case" Index
Renters	933,295	100.0%	18.3%	1.00
Small Family	321,740	34.5%	16.9%	0.93
Large Family	61,564	6.6%	29.5%	1.61
Elderly	189,999	20.4%	21.0%	1.15
Other	359,992	38.6%	16.1%	0.88
Owners	1,503,484	100.0%	6.0%	1.00
Small Family	760,402	50.6%	3.4%	0.56
Large Family	165,616	11.0%	4.8%	0.79
Elderly	381,152	25.4%	10.8%	1.78
Other	196,314	13.1%	8.1%	1.34

Source: DHCD analysis of CHAS Tables F5 A,B,C,D

Disparate Impact of Housing Problems on Minority Households

HUD requires jurisdictions participating in its programs to assess housing problems by racial and ethnic categories as well as by household type and tenure to determine whether different groups are being disparately impacted. Table 3.6 illustrates that, at the lowest income levels (30 percent or less of area median), renters and homeowners across all categories experience housing problems at roughly the same high rate: 65-71 percent for renters and 78-85 percent for homeowners. All racial and ethnic groups experience proportionately fewer housing problems as they move up the economic ladder, but minorities – both renters and homeowners – continue to report problems at a substantially higher rate than their white counterparts. At least some of the differential among homeowners is attributable to the fact that minorities are much more likely than whites to have purchased their homes since 1995, after prices began their steep ascent. (Only 16 percent of white homeowners bought their homes between 1995 and 2000, compared with 36 percent of black, 50 percent of Asian, and 57 percent of Hispanic homeowners).⁵² Another factor is the concentration of racial minorities in those central cities with the oldest housing stock. (See Section 3, Lead Paint Hazards)

DHCD also monitors waitlists and interviews property managers, housing outreach workers and advocates to identify those populations most in need. Information gleaned in this way supports the findings reported by the Census and the Annual Community Survey. In the spring of 2000, the agency initiated a statewide waiting list for its Section 8 housing voucher program. This list provides valuable, up-to-date, information on the number and type of households in need of housing. As of March 2004, there were nearly 49,000 families on the wait list, almost 90 percent of whom were extremely low income. Two thirds were families with children and 30 percent included a family member with a disability. Minorities constituted two thirds of those seeking assistance. (See **Table 3.7.**)

⁵² U.S. Census 2000, SF4, Table HCT24.

Table 3.6

Housing Problems by Race											
RENTERS - % with Any Housing Problems						HOMEOWNERS - % with Any Housing Problems					
Income	White*	Black*	Asian*	His-panic**	Total	Income	White*	Black*	Asian*	His-panic**	Total
ELI	65.4%	67.3%	71.0%	65.7%	66.6%	ELI	81.0%	78.0%	83.0%	84.8%	81.0%
VLI	62.6%	66.1%	65.7%	80.4%	64.3%	VLI	52.5%	79.9%	83.5%	73.9%	54.6%
LI	34.5%	39.0%	38.6%	58.6%	36.2%	LI	41.5%	65.4%	65.8%	67.0%	43.5%
Above 80%	8.2%	13.5%	25.3%	24.2%	10.3%	Above 80%	12.0%	21.4%	22.6%	21.9%	12.6%
Total	34.9%	46.5%	55.0%	49.3%	38.9%	Total	23.2%	38.8%	40.9%	34.3%	24.3%
Housing Problems by Race Indexed to Total											
ELI	0.98	1.01	1.07	0.99	1.00	ELI	1.00	0.96	1.02	1.05	1.00
VLI	0.97	1.03	1.02	1.25	1.00	VLI	0.96	1.46	1.53	1.35	1.00
LI	0.95	1.08	1.07	1.62	1.00	LI	0.95	1.50	1.51	1.54	1.00
Above 80%	0.80	1.31	2.46	2.35	1.00	Above 80%	0.95	1.70	1.79	1.74	1.00
Total	0.90	1.20	1.41	1.27	1.00	Total	0.95	1.60	1.68	1.41	1.00

* Non Hispanic

** Hispanic, all races

Source: SOCDs CHAS Data Housing Problems Output, Tables A1C and A1D

Table 3.7

Housing Needs of Families on Section 8 Statewide Waiting List		
Category		
Waiting List Total	37,546	100.0%
Extremely low income	32,668	87.0%
Very low income	3,635	9.7%
Low income	358	1.0%
Families with children	25,123	66.9%
Elderly families	1,590	4.2%
Families with disabilities	12,083	32.2%
White*	12,298	32.8%
Black*	6,105	16.3%
Hispanic, all races	12,008	32.0%
Other	310	0.8%
Unspecified	5,785	15.4%

* Non-Hispanic

Source: Commonwealth of Massachusetts Housing Choice Voucher Program
Public Housing Plan, March 2004 DRAFT

Current Response

For nearly half a century, Massachusetts has been a leader in low and moderate income housing production. It created state programs that paralleled the major federal housing production programs, including public housing development, operating and modernization support; interest subsidies for

privately developed housing, both rental and homeownership; certificates and vouchers for tenant-based and project-based rental assistance; and programs to fund infrastructure and community development activities. Massachusetts is one of only two states with a state-funded public housing program. Some 50,000 units of state public housing were built, most between 1960-1980.

Since the last Consolidated Plan was submitted, Massachusetts has established an affordable housing trust fund (AHTF), a state low income housing tax credit program and zoning incentives and funding resources to help spur mixed income housing developments in smart growth locations. The AHTF, in particular, has been credited with successfully leveraging private investment dollars to create a variety of affordable housing opportunities throughout the Commonwealth.

The Department of Housing and Community Development (DHCD) is the state's lead agency for housing and community development activity. It provides technical assistance and financial resources to create and maintain decent, safe and affordable housing opportunities for Massachusetts residents across a range of income, household age, type, and need. The agency collaborates with other public and quasi-public agencies, regional and local governments, community-based organizations, and the business community to achieve these goals. In 2004, DHCD was incorporated into the newly established Office for Commonwealth Development (OCD), which also includes the Executive Offices of Transportation and Environmental Affairs and the Division of Energy Resources.⁵³ What the new organization and management structure of state agencies means for Massachusetts' housing, community and economic development initiatives is described in greater detail in Section 4, the Strategic Plan.

Existing Resources

Each year, more than a billion dollars of federal and state funds, including financing provided by the state's quasi-public agencies, are invested to build, renovate, preserve, or subsidize affordable housing in Massachusetts and to leverage private investment.

In the past three years, the state has increased its commitment to new housing production, a challenging task in an era of high costs and shrinking subsidies. The Affordable Housing Trust Fund and State Low Income Housing Tax Credit have enabled stalled affordable housing developments to move into construction, and the recently approved \$200 million Disabilities Bond Bill will expand community based housing options for those with special needs. The private sector has been encouraged to create affordable units through the statutory relief provided under Massachusetts' affordable housing zoning law, Chapter 40B, and various incentive zoning techniques. Under the newly enacted Chapter 40R (Municipal Incentives for Smart Growth Zoning), cities and towns in Massachusetts can become eligible for a number of monetary incentives from the state if they establish "smart growth zoning overlay districts" where developers can build new housing close to transit nodes, town centers, and in underutilized or abandoned properties. Some of the state's larger employers now provide employer assisted housing benefits, and colleges and universities have added several thousand new units of student housing.

In addition to federal resources that flow through DHCD, programs are funded by state appropriations, state bonds and an affordable housing trust fund. The value of federal and state low income housing tax credits generate nearly \$100 million annually in equity for low income housing development. In 2004, the following resources (from all sources) contributed to the

⁵³ Statutorily, the Division of Energy Resources is an agency of the Office of Consumer Affairs and Business Regulation, but it works with OCD to coordinate energy policy with the principles of sustainable development.

production and preservation of affordable rental housing for low and moderate income Massachusetts families and individuals:

- The nearly \$43 million in Consolidated Plan-covered programs dedicated to housing production and rehabilitation (HOME, CDF, HDSP)
- \$60 million from state bonds (HIF, HSF, FCF, public housing modernization, affordable housing trust fund)
- \$25 million from other federal housing production programs (Section 202, 811)
- \$500 million in project financing from the state's quasi-public agencies

To expand homeownership, DHCD, the state's quasi-public agencies and its private lenders offer a number of programs to assist first time home buyers. These programs have been highly successful over the past 10 years. They helped boost black homeownership by nearly 20 percent and Latino homeownership by more than 23 percent between 1990 and 2000. Many individual lenders offer home mortgages with low down payments and flexible underwriting on their own, or in conjunction with the major secondary market enterprises, Fannie Mae and Freddie Mac. Many also participate in MassHousing programs and the Soft Second Loan Program. Over the past five years, an average of nearly 1,600 first time homebuyers per year purchased homes with MassHousing loans, 700 purchased using Soft Second loans, and 8,000 purchased using Fannie Mae products.

To assist low income homeowners, and landlords who rent to low income tenants, to make health, safety and energy-related improvements to their homes, DHCD and MassHousing offer a number of grant programs and attractive financing options. More than 1,000 homeowners a year, on average, have used CDBG funds to repair and upgrade their homes. Another 400 homeowners have upgraded their homes with low interest loans from MassHousing.

All of these programs are summarized in **Appendix C** and described in greater detail in DHCD's Program Fact Sheets (available on DHCD's website at: www.mass.gov/dhcd/publications/fact_sheets/default.htm)

3. Needs Assessment

Homeless Population

Despite a strong economy for much of the 1990s, the number of homeless families and individuals in Massachusetts more than doubled between 1990-2000, and it has continued to increase since the economy turned down in 2000. Approximately 29,000 unaccompanied individuals spent at least one night in an emergency homeless shelter in 2003,⁵⁴ a 16 percent increase since the last Consolidated Plan was prepared in 1999.

Nature and extent of homelessness

The problems of homelessness are complex, but the state's Department of Transitional Assistance (DTA), the division of the Executive Office of Health and Human Services (EOHHS) that funds services for many homeless families and individuals, categorizes the root causes as:

- *structural issues* such as high housing costs or low household income
- *personal issues* such as mental illness, substance abuse or other physical and mental disabilities, and/or
- *social policies* such as the availability and effectiveness of assisted housing, mental health programs, substance abuse treatments, and other service interventions.⁵⁵

Personal issues and social policies vary among the diverse homeless population, but the structural issues are common to all, and there is consensus that the provision of decent, safe, affordable housing is a critical step in ending homelessness. In addition to affordable housing, many homeless families and individuals require supportive services to make the transition to independent living. Some require support on an ongoing basis to deal with other difficulties, such as substance abuse or mental illness, which may prevent them from sustaining themselves in their own homes. Many also require childcare, transportation, education, or training in basic household management, or training in job readiness and job skills. The factors that lead to homelessness are also multi-faceted. Frequently one or more of the challenges of substance abuse, mental illness, poverty and domestic violence create an environment that leads to homelessness.

Overview

According to the University of Massachusetts McCormack Institute, the state's emergency shelter providers reported an *unduplicated* count⁵⁶ of more than 11,407 homeless individuals in 2003 –

⁵⁴ Statistics on homelessness and the demographic characteristics of the homeless population are provided by the Center for Social Policy at the McCormack Graduate School of Policy Studies, UMass Boston. The Center's Connection, Service and Partnership through Technology (CSPTech) project has operated a homeless management information system for 10 years. The networked, computerized record-keeping system allows homeless service providers across the state to collect uniform client data over time. Known as the Homeless Management Information System (HMIS), this is the most comprehensive and up-to-date database in the state. It incorporates data from 80 agencies and 220 programs providing homeless assistance services and shelter in all areas of the state. The participating agencies client base represents over 60 percent of the homeless individuals served in emergency shelters in Massachusetts.

⁵⁵ Update on Homelessness in Massachusetts, Massachusetts Executive Office of Health and Human Services, June 23, 2004

the most recent year for which data are available. This number does *not* include people who are homeless but not in contact with the service system, or those utilizing specialized shelters or services, for example, victims of domestic violence, people in substance abuse programs or those living with AIDS. For families with children, the shelter and transitional housing support system is accommodating about 2,451 families (including a total of 5,722 family members).

Description of Subpopulations

The following is a brief description of some of the homeless subpopulations based on information from the agencies that provide services to them.⁵⁷ These categories are not mutually exclusive, however, and many homeless individuals and families fall into more than one category.

- Chronically Homeless The Massachusetts Continuum of Care 2004 reported that there were nearly 1,400 chronically homeless individuals, 893 sheltered and 500 unsheltered. National research has suggested that about 10 percent of homeless adults who use the shelter system over the course of a year have long bouts of homelessness, coupled with deep levels of mental and physical disability, including addictions. An additional 10 percent experience multiple episodes of homelessness and are frequent users of other public systems. The remaining 80 percent of homeless individuals are estimated to be one-time, short-term users of the system, homeless mainly due to safety net failures.⁵⁸
- Homeless Mentally Ill According to the State's Continuum of Care, the Department of Mental Health estimates that about 3,844 homeless people have severe and persistent mental illness at any point, 60 percent of whom are in the Metro Boston Area. As noted above, many of these individuals are included in the estimate of the chronically homeless. Information on the larger population served by DMH, and there is often overlap, is detailed in the section on Special Needs.
- Homeless Substance Abusers The Department of Public Health (DPH), Bureau of Substance Abuse Services, reports that 20 percent of its nearly 25,000 fiscal year 2002 admissions to substance abuse treatment services were homeless people; 80 percent were male. The 2004 Continuum of Care estimates that 5,979 homeless individuals suffer from chronic substance abuse. Homeless white males have been shown to have the highest rates of recidivism in treatment. Some 26 percent of these admissions also reported prior mental health treatment.
- Homeless Veterans The State's Continuum of Care estimates the current number of homeless veterans in Massachusetts at about 3,000, but the Veteran's Administration estimates that between 3,000 and 7,000 homeless veterans require assistance. Many veterans suffer from other diagnoses as well, including mental illness and substance abuse problems, and are counted in those estimates. The VA's Health Care for Homeless Veterans Annual Report on Boston's homeless and at-risk veteran population reported that 70 percent of homeless veterans are

⁵⁶ CSPTech Project, McCormack Institute.

⁵⁷ To maximize the effectiveness of its funding programs, HUD mandates a process of broad-based community wide planning called the Continuum of Care for the Homeless. Jurisdictions are required to develop comprehensive systems for identifying the homeless, the services available to them, the gaps in services, and to prioritize the needs and foster collaboration to meet their needs. The process is open to all, and typically includes homeless service providers, housing developers, government entities, private for profit and nonprofit sectors, etc. to develop comprehensive programs of housing. There are 21 separate Continua of Care in Massachusetts.

⁵⁸ Information provided by the Executive Commission on Homeless Services Coordination

diagnosed with a substance abuse dependency, 61 percent with a serious psychiatric disorder, and 48 percent are dually diagnosed with serious mental illness and substance abuse.

- Individuals Recently Discharged from Residential/Correctional Facilities Approximately 57 percent of all homeless individuals have been in residential or correctional facilities within the 12 months prior to becoming homeless for problems such as mental illness, substance abuse and criminal activity. Shorter lengths of stay in substance abuse programs, discharges from psychiatric and criminal justice facilities without transitional programming and shortened hospital stays under managed care, have contributed to moving an at-risk population into homelessness.
- Youth and Young Adults Many shelter providers have reported that young people are a rapidly growing shelter subpopulation, and the City of Boston's 2003 Homeless Census documented that this subpopulation had doubled in the past year.⁵⁹ A recent one-year study of 64 percent of the adult homeless shelters in Massachusetts concluded that young adults, age 18 through age 24, constitute 9 percent of the total shelter population. Young people fall into homelessness for a variety of complex reasons, including abuse, neglect and family turmoil, and many homeless young adults have had contact with the state child protection and juvenile justice agencies, including a history of residential placement.
- Homeless Families More than 1,800 homeless families are housed in shelters, double the number there were just five years ago. Over 2,600 children, half of them age 6 or under, are living in shelters. There are 3,804 emergency shelter beds and 1,344 transitional housing placements for persons in families with children, with the ability to serve only 40 percent of the 10,000 families the McCormack Institute has estimated experience homelessness for some part of the year. Families, typically women and children, may be homeless due to low incomes and barriers to employment, evictions, or domestic violence in the home. Only 5 percent are in specialized housing such as substance abuse shelters.
- Rural Homelessness The vast majority of the homeless population is found in the major Massachusetts cities, and relatively limited data are available on the needs of the state's rural homeless. Anecdotal evidence suggests that many of those who initially become homeless in rural areas migrate to the cities. However, the 2003 Continuum of Care application submitted by the Three County Continuum of Western Massachusetts (Hampden, Hampshire and Franklin Counties) notes a growing concern about the "invisible" homeless in rural areas. As a result, they have developed a mobile outreach program to serve the most rural areas of Franklin County.

Emerging Trends, Issues

While the number of homeless has been steadily increasing across *all* subpopulations, some disturbing trends have emerged. Family homelessness is on the rise, as is homelessness among the very young and the elderly. Elders were the fastest growing group among the emergency shelter population, and due to a lack of preventative health care, their need for health care services when they enter the system is especially acute. Increasingly, homelessness is affecting non-whites, especially women and children.

⁵⁹ City of Boston Draft Consolidated Plan, July 2003-June 2006

Several indicators suggest that homeless individuals and families are finding it more difficult to find and sustain affordable housing. According to a comprehensive report released by UMass in October 2003, based on HMIS data,⁶⁰ 46 percent of individuals are moving directly from one shelter to another, or directly from the street (or abandoned building, car, etc.) Families are staying in shelters longer – 6 months on average in 2002, up from 3.7 months in 1996 – and the percentage who leave shelters for permanent housing is falling (48 percent down from 59 percent).⁶¹ Nearly one third of the women in family shelters, and more than 44 percent of homeless individuals work, but at jobs that pay less than a living wage. Fewer than 10 percent were receiving food stamps or other public benefits, underscoring the need for improved coordination among service providers.

The HMIS data document these and other changes in the homeless population being served by the state's shelter system. **Table 3.8** illustrates some of the shifting demographics of homeless youth, adults and elders sheltered between 1999-2002. The data document the disproportionate impact of homelessness on minorities and female-headed households. Among all age groups, more than 47 percent of the shelter population in 2002 was minority. (By comparison, minorities constitute about 18 percent of the state's population.)

There is some regional variation in the characteristics, and consequently the needs of the homeless population, and these are illustrated in **Table 3.9**. In 2002, population of homeless individuals served in Boston was older, more educated, and included more women, veterans and minorities. Outside of Boston, there were fewer women, veterans and minorities but more men with alcohol and drug addiction. Not shown on Table 3.9, but documented in the HMIS data, between 2001 and 2002, the proportion of homeless individuals outside Boston who were living on the streets before entering shelter doubled.

Estimate of Needs

As a result of the significant expansion of its emergency shelter system over the past two decades and its current focus on ending, rather than managing, homelessness, the Commonwealth's unmet need for emergency shelter for *individuals* is modest (175 beds). A much larger need exists for transitional (417 units) and permanent supportive (1,327 units) housing. Similarly, the state's 1,800 homeless *families* have a much greater need for permanent supportive housing than for emergency shelter beds. There are 7,915 adults and children in the family homeless population. In **Table 3.10** these are the 8,489 family members that constitute total need, less the 574 being served by permanent supportive housing. The Continuum of Care Analysis indicates an unmet need of 150 shelter beds, 184 units of transitional housing and 2,433 units of permanent supportive housing.

⁶⁰ Characteristics of Homeless Individuals Accessing Massachusetts Emergency Shelters 1999-2002, McCormack Institute, University of Massachusetts, October 2003

⁶¹ One Family Campaign fact sheet, 2003

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Table 3.8

Demographic Characteristics of Homeless Youth, Adults and Elders									
	Youth 2002	Youth 2001	Youth 2000	Adults 2002	Adults 2001	Adults 2000	Elders 2002	Elders 2001	Elders 2000
Gender	(N=859)	(N=959)	(N=1,017)	(N=7,376)	(N=7,596)	(N=8,217)	(N=1,244)	(N=1,061)	(N=955)
Male	62%	66%	71%	78%	81%	82%	78%	82%	80%
Female	38%	34%	29%	22%	19%	18%	22%	18%	20%
Race	(N=739)	(N=837)	(N=865)	(N=6,714)	(N=7,156)	(N=7,402)	(N=1,150)	(N=875)	(N=866)
White	46%	46%	54%	52%	53%	59%	65%	65%	69%
African American	29%	25%	22%	31%	29%	26%	23%	22%	20%
Latino	18%	19%	15%	13%	12%	10%	9%	10%	7%
Other	5%	8%	6%	3%	4%	3%	1%	2%	2%
Multiracial	NA	NA	1%	NA	NA	1%	NA	NA	<1%
All Other	2%	2%	3%	1%	2%	2%	2%	1%	2%
Education	(N=335)	(N=386)	(N=315)	(N=3,509)	(N=3,719)	(N=2,217)	(N=720)	(N=499)	(N=217)
Grade School	1%	1%	4%	4%	5%	8%	6%	8%	17%
Some HS	35%	44%	48%	20%	22%	26%	22%	16%	22%
HS Grad/GED	46%	42%	34%	45%	47%	39%	40%	46%	34%
Some Coll/AA	14%	12%	11%	22%	19%	22%	19%	16%	18%
BS/BA	3%	2%	3%	7%	8%	5%	12%	14%	6%
Grad. Degree	0%	0%	0%	1%	0%	1%	2%	0%	4%
Marital Status	(N=691)	(N=785)	(N=791)	(N=6,245)	(N=6,644)	(N=6,705)	(N=1,083)	(N=828)	(N=793)
Single	91%	93%	94%	62%	59%	59%	34%	34%	33%
Married/Partnered	4%	4%	3%	8%	8%	8%	11%	8%	7%
Separated	4%	2%	2%	9%	10%	10%	11%	11%	10%
Divorced	1%	1%	1%	20%	22%	23%	37%	38%	41%
Widowed	0%	<1%	0%	2%	2%	2%	7%	10%	8%
Veteran Status	(N=362)	(N=959)	(N=1,020)	(N=4,342)	(N=7,596)	(N=8,229)	(N=900)	(N=1,061)	(N=956)
Veteran	4%	2%	3%	20%	21%	21%	37%	38%	36%
Prior Residence	(N=560)	(N=365)	(N=262)	(N=4,712)	(N=3,483)	(N=1,906)	(N=747)	(N=414)	(N=215)
Other Shelter	54%	37%	20%	47%	34%	26%	49%	36%	30%
Street/Park/Car	15%	11%	2%	18%	21%	5%	18%	26%	5%
Friends/Relatives	16%	14%	43%	12%	6%	18%	10%	7%	16%
Rented Home	4%	13%	12%	8%	12%	21%	10%	12%	28%
Other	5%	13%	2%	6%	11%	2%	6%	10%	2%
Transitional Hsg	3%	3%	0%	3%	3%	1%	3%	1%	1%
Detox/SA Treatment	2%	6%	4%	4%	7%	10%	1%	2%	3%
Owned home	<1%	1%	3%	1%	2%	5%	1%	2%	6%
Mental Health/Hosp.	<1%	1%	2%	1%	1%	2%	1%	<1%	1%
Jail/Prison/Detent.	1%	1%	3%	2%	2%	5%	<1%	<1%	1%
Supervised Living*	1%	1%	6%	<1%	2%	3%	1%	4%	1%
Hotel/Motel	NA	NA	2%	NA	NA	1%	NA	NA	3%
Boarding House	NA	NA	2%	NA	NA	2%	NA	NA	5%
Health Insurance	(N=371)	(N=384)	(N=269)	(N=2,752)	(N=3,060)	(N=1,892)	(N=434)	(N=367)	(N=176)
No Health Insurance	32%	39%	38%	28%	30%	32%	24%	22%	21%
Medicaid/Mass Health	63%	58%	50%	64%	61%	55%	62%	59%	53%
Private Plan	4%	1%	8%	3%	3%	5%	5%	6%	7%
Medicare	1%	1%	1%	2%	2%	3%	5%	9%	13%
VA	0%	<1%	0%	2%	2%	3%	3%	3%	5%
HMO	0%	1%	2%	1%	1%	2%	1%	1%	2%
Income Source	(N=330)	(N=537)	(N=132)	(N=3,669)	(N=4,292)	(N=1,297)	(N=693)	(N=530)	(N=212)
Employment Income	53%	53%	55%	45%	51%	45%	29%	36%	24%
SS/SSI/SSDI	25%	32%	30%	37%	37%	43%	46%	52%	65%
Other Public Benefits	10%	7%	13%	11%	9%	9%	13%	11%	11%
Food Stamps	14%	23%	17%	7%	15%	7%	3%	8%	4%
TANF	4%	6%	7%	3%	2%	2%	1%	2%	<1%
Other Private Income	0%	3%	0%	1%	2%	1%	2%	4%	7%
Average Monthly Amount									
Employment Income	\$955	\$1,097	\$797	\$1,026	\$1,100	\$1,051	\$1,021	\$1,139	\$844
SS/SSI/SSDI	\$542	\$563	\$539	\$597	\$590	\$576	\$632	\$608	\$584
Other Private Income	\$1,000	\$499	NA	\$479	\$394	\$452	\$600	\$555	\$570
Other Public Benefits	\$390	\$434	\$328	\$477	\$505	\$388	\$663	\$617	\$419
TANF	\$417	\$454	\$284	\$416	\$440	\$411	\$482	\$455	\$96
Other Private Income	\$131	\$173	\$134	\$137	\$147	\$110	\$106	\$113	\$92

Source: *Characteristics of Homeless Individuals Accessing Massachusetts Emergency Shelters 1999-2002*,
Umass Boston McCormack School of Policy Studies, Center for Social Policy, October 2003

Table 3.9

Demographic Characteristics of Homeless Individuals By Region				
Characteristic	Boston 2002	Boston 2001	Balance of State 2002	Balance of State 2001
Gender	(N=7,275 M, 6,726 F)	(N=7,151 M, 6,805 F)	(N=4,153 M, 4,112 F)	(N=4,022 M, 3,954 F)
Male	74%	78%	81%	80%
Female	26%	22%	19%	20%
Race	(N=739)	(N=739)	(N=6,714)	(N=6,714)
White	43%	44%	68%	64%
African American	38%	34%	18%	17%
Latino	16%	16%	10%	11%
All Other	3%	6%	4%	8%
Age				
Under 18	1%	<1%	1%	<1%
18-24	7%	9%	11%	12%
25-34	14%	18%	21%	22%
35-44	31%	32%	36%	36%
45-54	31%	29%	23%	23%
55-64	13%	10%	7%	7%
65 and over	4%	3%	2%	2%
<i>Average Age</i>	43	42	39	40
Education	(N=3,717)	(N=3,487)	(N=1,033)	(N=1,247)
Grade School	5%	7%	4%	1%
Some HS	20%	20%	28%	30%
HS Grad/GED	44%	46%	45%	45%
Some Coll/AA	22%	19%	16%	16%
BS/BA	8%	8%	6%	9%
Grad. Degree	1%	0%	1%	1%
Marital Status	(N=691)	(N=691)	(N=6,245)	(N=6,245)
Single	91%	91%	62%	62%
Married/Partnered	4%	4%	8%	8%
Separated	4%	4%	9%	9%
Divorced	1%	1%	20%	20%
Widowed	0%	0%	2%	2%
Veteran Status	(N=7,275)	(N=7,151)	(N=4,112)	(N=4,022)
Veteran	24%	21%	NA	14%
Special Needs	(N=7,275)	(N=7,151)	(N=4,153)	(N=4,022)
One Reported	28%	32%	42%	28%
Two Reported	10%	7%	9%	2%
Three or More Reported	3%	4%	1%	1%
None Reported	59%	57%	48%	69%
<i>Type of Special Needs</i>				
Alcohol	24%	24%	30%	13%
Mental Health	14%	9%	10%	6%
Medical	12%	8%	8%	4%
Drugs	11%	10%	13%	3%
Hearing, Visual, Speech	3%	2%	2%	1%
Domestic Violence	3%	NA	2%	NA
PTSD	2%	1%	<1%	<1%
Cognitive, Devel., Alzheimers, etc.	2%	1%	2%	1%
Other	2%	NA	4%	NA
HIV/AIDS	1%	<1%	1%	<1%
Health Insurance	(N=371)	(N=371)	(N=2,752)	(N=2,752)
No Health Insurance	32%	32%	28%	28%
Medicaid/Mass Health	63%	63%	64%	64%
Other	5%	5%	8%	8%
Income Source	(N=330)	(N=330)	(N=3,669)	(N=3,669)
Employment Income	53%	53%	45%	45%
SS/SSI/SSDI	25%	25%	37%	37%
Other Public Benefits	10%	10%	11%	11%
Food Stamps	14%	14%	7%	7%
TANF	4%	4%	3%	3%
Other Private Income	0%	0%	1%	1%
Average Monthly Amount				
Employment Income	\$955	\$955	\$1,026	\$1,026
SS/SSI/SSDI	\$542	\$542	\$597	\$597
Other Private Income	\$1,000	\$1,000	\$479	\$479
Other Public Benefits	\$390	\$390	\$477	\$477
TANF	\$417	\$417	\$416	\$416
Other Private Income	\$131	\$131	\$137	\$137

Source: UMass McCormack Institute *Characteristics of Homeless Individuals Accessing Massachusetts Emergency Shelters 1999-2000*

Table 3.10

HUD Table 1A: Homeless and Special Needs Populations				
	Individuals	Estimated Need	Current Inventory	Unmet Need/Gap
Beds	Emergency Shelter	3,934	3,759	175
	Transitional Housing	3,366	2,949	417
	Permanent Housing	4,107	2,780*	1,327
	Total	11,407	9,488*	1,919
	Job Training	5,840	2,920	2,920
	Case Management	7,300	2,190	5,110
Estimated	Substance Abuse Treatment	5,840	2,044	3,796
Supportive	Mental Health Care	3,650	1,825	1,825
Services	Housing Placement	7,300	2,555	4,745
Slots	Life Skills Training	4,380	1,533	2,847
	Other:			
	Stabilization Services	7,300	5,475	1,825
	Legal	3,650	1,095	2,555
	Chronic Substance Abuse	6,429	5,979	450
	Seriously Mentally Ill	4,294	3,844	450
Estimated	Dually-Diagnosed	2,147	1,074	1,073
Sub-	Veterans	2,873	2,748	125
Population	Persons with HIV/AIDS	3,177	2,977	200
<i>People may be counted more than once</i>	Victims of Domestic Violence	3,475	3,425	50
	Youth	813	738	75
	Other - Chronically Homeless	1,171	671	500
	Persons in Families with Children	Estimated Need	Current Inventory	Unmet Need/Gap
Beds	Emergency Shelter	3,954	3,804*	150
	Transitional Housing	1,528	1,344*	184
	Permanent Housing	3,007	574	2,433
	Total	8,489	5,722*	2,767
	Job Training	2,206	441	1,765
	Case Management	2,451	1,838	613
Estimated	Substance Abuse Treatment	613	92	521
Supportive	Mental Health Care	1,961	588	1,373
Services	Housing Placement	2,451	2,206	245
Slots	Life Skills Training	735	441	294
	Other:			
	Parenting	1,471	662	809
	Transportation	2,206	529	1,676
	Chronic Substance Abuse	613	153	460
	Seriously Mentally Ill	490	123	368
Estimated	Dually-Diagnosed	368	92	276
Sub-	Veterans	74	18	55
Population	Persons with HIV/AIDS			
<i>People may be counted more than once</i>	Victims of Domestic Violence	2,083	521	1,563
	Youth			
	Other	319	80	239
* Includes the following beds/units under development in 2004: for individuals - 48 permanent supportive housing units; for families with children - 64 emergency shelter beds and 100 units of transitional housing				

Source for Tables 3.8 and 3.9: Characteristics of Homeless Individuals Accessing Massachusetts Emergency Shelters 1999-2002, UMass Boston McCormack School of Policy Studies, Center for Social Policy, October 2003

Current Response

As the number of homeless has grown, so has the number of service providers. More than fourteen state agencies and hundreds of public and nonprofit agencies provide services to the homeless.⁶² Homeless individuals often receive shelter from one institution, mental health services from another, substance abuse counseling from a separate program, food from a daily provider, and medical care from yet another. And, this does not include the many housing, employment, and educational programs that many homeless people participate in or the specialized care subpopulations of the homeless receive.

The cost of managing homelessness with an expansive shelter network left few resources available, out of a \$253,000,000 budget, for preventing homelessness in the first place, and in 2003, the Commonwealth moved decisively away from its earlier emphasis on providing emergency shelter. It adopted a *Housing First* model⁶³ that focuses on ending, rather than managing homelessness, a move that parallels the federal policy direction.

In one of his first acts as Governor, Mitt Romney issued an executive order establishing a commission to improve existing homeless services coordination and to develop a ten-year plan for ending chronic homelessness. The Commission was comprised of the leaders of public sector agencies that provide support and services to homeless families and individuals. An advisory board of non-governmental representatives brought additional expertise and resources to the work of the Commission. Public forums, jointly sponsored by the nonprofit One Family Campaign and the Executive Office of Health and Human Services, were held throughout the state in 2003 to solicit public input.

A New Way of Doing Business

In its final report to the Governor, *Housing the Homeless: A More Effective Approach*, the Commission identified several thematic areas that needed to be addressed – increased affordable housing, homelessness prevention, coordination of services, and improved data collection, and reporting – and it recommended the creation of a permanent Massachusetts Interagency Council on Homelessness and Housing. That Council was established in November 2003 as the lead entity for the Commonwealth on homeless policy and planning, a formal structure charged with improving the coordination of services and programs for homeless populations and for developing, implementing and monitoring initiatives to end homelessness. Its members include the Lieutenant Governor as Chair, Secretary of the Executive Office of Health and Human Services, the Secretary of Administration and Finance, Chief of Economic Affairs, Chief of the Office for Commonwealth Development, and the Commissioner of Education and Commissioner of Corrections.

⁶² Some of the primary state agencies include: The Department of Transitional Assistance; The Department of Social Services, Department of Public Health, Office of Child Care Services, Department of Education, Corrections, Elder Affairs, Department of Mental Retardation, Department of Housing and Community Development, and the Department of Veteran's Affairs. The majority of homeless spending (43%) is through the Department of Transitional Assistance.

⁶³ *Housing First* suggests that housing can be the transforming element to support participation in treatment and services, rather than providing services as the precursor to housing.

The policies of the Interagency Council address the four priorities identified in the Commission's original report:

- Prevent chronic homelessness
- Expand availability of and access to housing for those with extremely low incomes
- Improve access to and coordination across mainstream services and funding
- Inventory and coordinate state-level fiscal and demographic data on chronic homeless individuals

Existing Resources

State Funding

In 2004, Massachusetts public agencies spent almost a quarter of a billion dollars on the homeless population, most of this on emergency shelter. If medical costs, nonprofit and private assistance were included the amount would be significantly greater. The Department of Transitional Assistance (DTA) is the primary provider of homeless assistance in the state, administering two separate homeless accounts. Under the Emergency Assistance Program (funded at \$73.6 million for FY 2005), DTA places eligible homeless *families* with children in emergency shelter. The second account (funded at \$30 million for FY 2005) supports programs serving homeless *individuals* through more than 50 organizations providing services to homeless or at-risk individuals including 3,800 shelter beds.

Also approved in the FY 2005 budget is \$2 million for the Residential Assistance for Families in Transition (RAFT) program. RAFT will help low-income families who are experiencing homelessness or at risk of homelessness to access up to \$3,000 in flexible funds to help with such expenses as first month's rent, last month's rent, security deposits, utility arrears, and moving costs. The program will be administered by DHCD and is expected to be an important tool to help families exit or avoid homelessness. Housing Consumer Education Centers received over \$800,000 in the FY 2005 budget.

Federal Funding

Federal resources are vitally important in the effort to end homelessness. In total, Massachusetts receives approximately \$55,000,000 in funding under HUD's McKinney Act Programs and \$4.5 million in Emergency Service Grants, per year. This includes awards that go directly to the cities and to cities and towns as well as funds that flow through DHCD. The McKinney Act funds, including the Emergency Service Grant Program covered by this Consolidated Plan (approximately \$2.5 million), provide funding for the elements of a continuum of care for the homeless population. The continuum concept is a response to the fact that homelessness involves a variety of unmet needs – physical, economic, social, and medical – and effective response requires a comprehensive, flexible, coordinated system of assistance. Fundamental components consist of prevention strategies, an emergency shelter and assessment effort, transitional housing and necessary social services, and permanent housing or permanent supportive housing arrangements. Federal funding and programs that support or expand the supply of low income housing, of course, also help combat homelessness, as do economic development and job

readiness programs (HOME, Low Income Housing Tax Credits, public housing operating subsidies, rental assistance, TANF, etc.)

Other Resources

As evidence of how broad the commitment to eradicating homelessness is, a new partnership of public and private funders announced in 2003 that it was making available \$26 million in revolving loan funds to increase the supply of housing for extremely low-income families. Two of the founding partners, The Paul and Phyllis Fireman Charitable Foundation and the Highland Street Connection, issued a challenge to the business and philanthropic communities, pledging an additional \$5 million to be available for immediate use when matched by a new \$5 million commitment. Home Funders will invest in the production of 4,000 affordable units, 1,000 of which will be affordable for extremely low-income families.

Home Funders now has nearly 1,000 units in the pipeline – 271 of which are specifically for the benefit of families making less than 30 percent of median income. Projects for a total of 126 extremely affordable units are already under construction throughout Massachusetts, and 145 more such units in the planning stage. By the end of 2003, \$19 million of the \$26 million had been pledged. The fund is being administered by the Massachusetts Housing Partnership (MHP) and the Community Development Assistance Corporation (CEDAC), two of the state's established quasi-public housing and community development agencies.

Obstacles/Challenges to Ending Homelessness⁶⁴:

The Commonwealth faces many challenges in its effort to end homelessness. The population itself poses a formidable challenge. Chronically homeless persons can be difficult to engage. Many have significant needs and complex problems, often including poor tenancies and criminal records, which make eligibility for many mainstream housing programs difficult to achieve. Ensuring access to mainstream resources by those who do qualify remains challenging. The lack of housing that is affordable to working families and individuals is a major problem, even though Massachusetts has a larger inventory of public housing and other subsidized rental housing than most other states. Inadequate new production – of the type, in the locations, and at prices – the market demands, has driven up prices in the existing inventory, impacting households at every income level. Those with the fewest resources, if they are not the beneficiaries of housing subsidies, are disproportionately impacted. Federal funding cuts for rental assistance, one of the most important resources in moving individuals from homeless to housing, have had a significant impact. And, like many other states, Massachusetts continues to experience significant budget constraints of its own, making increased funding unlikely in the immediate future. Despite these challenges, the Commonwealth remains committed to ending chronic homelessness, as well as episodic homelessness and is prepared to make a long-term commitment of financial and human resources to this end.

⁶⁴ Commonwealth of Massachusetts Continuum of Care Narrative 2003.

3. Needs Assessment

Special Needs Populations⁶⁵

This section identifies and addresses the housing needs of those Massachusetts residents who require specialized housing and/or support services. Included in this category are the elderly and frail elderly; others with mobility or self-care limitations; people with disabilities (psychiatric, physical, cognitive) people living with HIV or AIDS and their families; and other special needs populations including substance abusers, victims of domestic violence, ex-offenders, and custodial children. In many cases, the needs of these subpopulations overlap, although their priority needs may differ. All Massachusetts communities are eligible for funds the state receives under HOME, HOPWA and ESG, whether or not they are entitlement communities.

Nature and Extent of Needs

Until the mid-1980s, most affordable housing for people with disabilities was provided in institutionalized settings or through federal and state elderly housing programs. Over the past twenty years, many programs have been developed to serve more people with a wider range of disabilities, and to provide more integrated housing options.

Overview

Although Massachusetts had begun a process to de-institutionalize patients in state hospitals much earlier, the U.S. Supreme Court's 1999 *Olmstead*⁶⁶ decision gave people of all ages with disabilities the right to live in the community, outside of an institution, in the least restrictive setting possible. Following this mandate, former Governor Swift directed the Executive Offices of Health and Human Services, Elder Affairs, and Administration and Finance Executive to develop a comprehensive plan – with input from an advisory group that included people with disabilities – for enhancing community-based services. In July 2002, *Enhancing Community Based Services, Phase One of Massachusetts' Plan* was released. Its goal is to ensure that Massachusetts residents with long-term support needs have access to accessible, person-centered services and community options that maximize consumer choice, direction, and dignity, and its mission is to increase the availability, affordability, and accessibility of housing to enable individuals to live in the community.

Table 3.11 (based on HUD Table 1B, which is included as Table 4.4 in Section 4) identifies and estimates the housing needs of various special subpopulations. In total, there are more than 121,000 very low, and extremely low, income individuals and families in Massachusetts whose specialized housing needs are unmet. Specific issues and existing resources are detailed later in this section.

⁶⁵ Non-homeless

⁶⁶ *Olmstead v. L.C.* (98-536) 527 U.S. 581 (1999).

Table 3.11

Housing Needs of Special Populations See Table 4.4, Section 4 (HUD Table 1B)	
SPECIAL NEEDS SUBPOPULATIONS	Unmet Need
Elderly	20,235
Frail Elderly	34,312
Severe Mental Illness	2,500
Developmentally Disabled	2,700
Physically Disabled	51,976
Persons with Alcohol/Other Drug Addictions	2,000
Persons with HIV/AIDS	3,700
Other	6,000
Total	123,423
For description of calculation of need, see Table 4.4, Section 4	

Description of Subpopulations

The following is a brief description of some of the special needs populations based on information from the agencies that provide services to them.

- Elderly and Frail Elderly Massachusetts has a relatively large elderly population with 14 percent of its residents (860,000 people) over age 65. Sixty-two percent own their own homes – Massachusetts has the second highest proportion of elderly homeowners in the nation – and 38 percent rent. They live in some 570,000 households in every community of the Commonwealth. Approximately 41 percent of the senior population in Massachusetts report some level of disability, and 12 percent report a health care condition that limits their self-care capacity. About 50,000 *low income* households headed by a person over age 62 have at least one member with a mobility or self-care limitation; 60 percent of these are headed by a person over age 75. The elderly population is expected to grow quickly as the first wave of baby boomers turns 62 in 2008.
- Physical Disabilities Nearly 209,000 non-elderly Massachusetts households have at least one member with mobility or self care limitations, and more than half of these households are low income. One third own their homes and two-thirds rent. Households with members who have physical disabilities are affected both by affordability and by the physical inaccessibility of housing units. Until 1974, there were no specific building requirements for physical accessibility, and units typically were not designed or built to allow for accessibility.
- Psychiatric Disabilities An estimated 44,000 Massachusetts residents have long-term serious psychiatric disabilities, about 60 percent of whom are involved with the Department of Mental Health (DMH) services system. The number of adults receiving mental health services in state facilities has declined by fifty percent since 1990, while the number receiving mental health services in the community has tripled. DMH currently houses over 8,400 adult clients through its Residential Services Program, but there are another 3,000 people on its waiting list.

- Cognitive Disabilities There has been a similar decline in the number of individuals with mental retardation residing in institutionalized settings, and a corresponding increase in the number receiving home and community-based services. Like DMH, the Department of Mental Retardation (DMR) works with housing providers to develop community-based housing for its clients. The agency assists over 27,000 low income, mentally retarded adults.⁶⁷ About 8,200 individuals receive residential supports through state and private providers in homes in the community, ranging from group homes to independent apartments.
- HIV/AIDS The total Massachusetts HIV/AIDS caseload as of January 1, 2004 was approximately 15,000. Eighty-three percent of people living with HIV/AIDS are age 35 or over, and 71 percent are men. The majority of men living with HIV/AIDS are white (non-Hispanic), while women living with HIV/AIDS are predominantly Black (non-Hispanic) or Hispanic. Sixteen percent of all people living with HIV/AIDS in Massachusetts are non-US born, primarily from the Caribbean (40 percent) and Sub-Saharan Africa (25 percent).⁶⁸ In the Boston Metro area many of the available units are single room occupancies (SROs), leased through the Boston Housing Authority or Metropolitan Boston Housing Partnership.
- Other Special Needs The State also provides housing and support services to children who are involved in the court system through the Department of Youth Services (DYS), to women and children who are victims of domestic violence, to substance abusers and ex-offenders. The needs of these populations are similar in that they are often moving through temporary placements, to transitional programs, and eventually seeking permanent and stable housing options. In some cases the populations overlap to a great degree, as do the institutions that serve them.

Elderly and Frail Elderly

The aging profile of Massachusetts will have important public policy implications for housing and healthcare. Currently, about 14 percent of the state's population is over 65; by 2025, that number will rise to 18 percent.⁶⁹ The greatest increase in the state's older population will occur between 2010 and 2030, as the baby boomers begin to reach age 65.

Today's 65-year old men can expect to live another 17 years; 65-year old women can expect to live another 20 years.⁷⁰ The needs, desires and resources of the senior market vary widely and often change as residents age and require varying levels of service and care.

Estimate of Need

Approximately 285,000 Massachusetts households are headed by someone over the age of 75. More than 400,000 others are headed by someone between 62-74. The housing needs of the elderly and frail elderly range widely, depending on their age, health, financial resources and

⁶⁷ It also serves children with developmental disabilities and their families, but does not provide them residential services.

⁶⁸ Data are from the 2004 Massachusetts HIV/AIDS Epidemiologic Profile

⁶⁹ *The Graying of Massachusetts*, MassINC and the Center for Retirement Research at Boston College, June 2004

⁷⁰ Ibid.

location of residence. Nearly 190,000 elderly households⁷¹ pay in excess of 30 percent of their income for housing, and 90,000 pay more than 50 percent. (This represents 43 percent of all elderly renters and 28 percent of the homeowners.) Only a relatively few live in substandard housing, but an increasing number require accessible or adaptive housing, supportive services or home repairs. **Table 3.12** (CHAS Data: Housing Problems Output for Mobility and Self Care Limitation) shows that there are 77,770 elderly renter households and 31,965 elderly owner households with mobility or self care limitations.⁷²

The need for supportive services and assisted living has grown, and will continue to grow, with the increase in the frail elderly population. Just under 7 percent of Massachusetts seniors live in an institution including nursing homes, or other group quarters, compared to 30 percent who live alone and 63 percent who live in households with others. Some elderly households will be able to meet their own needs, either by adapting their homes, or by moving to private assisted-living facilities, of which there are more than 175 (offering nearly 11,000 units) in Massachusetts. Others will be able to purchase supportive health and home care services. However, at an average cost of over \$3,000 per month, the private assisted living facilities are not a viable option for most of the Commonwealth's elders.

Table 3.13 shows who is most likely to experience self care and/or mobility limitations, by age and tenure. Two patterns are apparent. The lower the income, the more likely a household is to have a member with self care or mobility limitations. This is true in each age category: the elderly, the frail elderly – those over age 75, called “extra-elderly” in HUD’s CHAS tables – and non-elderly households. A similar pattern exists *within* the population of households with such limitations. The lower the income, the more likely the household is to experience housing problems and/or cost burdens. Although renters are more likely to have mobility limitations than owners, more than 80 percent of extremely low income homeowners with limitations also experience other housing problems (inadequate conditions, overcrowding and/or cost burdens, but mainly cost burdens.) This is consistent with the increase in housing problems faced by aging homeowners across the state, whether or not they experience physical limitations.

Current Response

The creation of affordable rental housing for senior citizens has been one of nation’s greatest housing successes, and few states have matched Massachusetts’ record of production. More than 70,000 units of age-restricted public housing, or privately-owned subsidized housing, have been built, and thousands more elderly live in subsidized housing that is not specifically age restricted. It is estimated that nearly one-half of all elderly renters receives some form of housing assistance. There are currently fewer than 2,000 seniors on the statewide waiting list for public housing or Section 8 vouchers, representing only 4 percent of the wait list.

⁷¹ Defined by HUD as over 62 years.

⁷² Includes all households where one or more member has 1) a long-lasting condition that substantially limits one or more basic physical activity, such as walking, climbing stairs, reaching, lifting, or carrying, and/or 2.) a physical, mental, or emotional condition lasting more than 6 months that creates difficulty with dressing, bathing, or getting around inside the home.

Table 3.12

Households with Self Care and Mobility Limitations						
Total	Total Owners	Total Renters	HOs w Mobility Limitations	Renters w Mobility Limitations	HOs w Mobility Limitations and CB or Hsg Probs	Renters w Mobility Limitations and CB or Hsg Probs
75+	170,845	104,285	59,735	48,105	18,996	21,984
62-74	210,860	86,510	38,945	29,665	12,969	13,082
Total Elderly	381,705	190,795	98,680	77,770	31,965	35,066
Non Elderly	1,126,570	744,515	115,120	93,385	33,155	46,693
Total	1,508,275	935,310	213,800	171,155	65,120	81,759
<30% AMI						
75+	34,020	52,065	12,590	25,480	10,148	13,326
62-74	24,320	39,225	6,000	16,115	5,004	8,638
Total Elderly	58,340	91,290	18,590	41,595	15,152	7,544
Non Elderly	36,280	162,175	7,930	39,740	6,495	28,096
Total	94,620	253,465	26,520	81,335	21,647	35,640
Bet 30-50% AMI						
75+	40,805	26,160	14,560	11,740	5,344	5,494
62-74	30,960	18,190	7,270	6,310	3,526	3,067
Total Elderly	71,765	44,350	21,830	18,050	8,870	8,561
Non Elderly	47,565	106,295	9,205	16,975	6,324	10,881
Total	119,330	150,645	31,035	35,025	15,194	19,442
Bet 50-80% AMI						
75+	38,625	12,820	13,995	5,600	2,169	1,960
62-74	42,620	13,430	9,265	3,890	2,529	1,081
Total Elderly	81,245	26,250	23,260	9,490	4,698	3,041
Non Elderly	116,845	142,490	17,360	14,885	8,680	4,838
Total	198,090	168,740	40,620	24,375	13,378	7,879
Non Low Inc						
75+	57,395	13,240	18,590	5,285	1,335	1,204
62-74	112,960	15,665	16,410	3,350	1,910	296
Total Elderly	170,355	28,905	35,000	8,635	3,245	15,920
Non Elderly	925,880	333,555	80,625	21,785	11,656	2,878
Total	1,096,235	362,460	115,625	30,420	14,901	18,798

Source: Special Tabulations, Tables A7A, A7B, A7C

State agencies serving the elderly in Massachusetts include the Department of Elder Affairs within the Executive Office of Health and Human Services and the Department of Housing and Community Development, and the Executive Office of Health and Human Services. Massachusetts also has a variety of community-based programs serving the elderly. There are 348 Councils on Aging (COA) in Massachusetts that provide more than 440,000 elders and families with direct care services annually. Programs that meet the needs of elderly residents include subsidized housing; protective services (intervention in cases where there is evidence that an elder has been neglected, abused or financially exploited by someone in a domestic setting); home care; congregate housing; nutrition; guardianship; legal services; and coordination services for the elderly who are also disabled.

Table 3.13

Summary of Households with Self Care and Mobility Limitations						
% of Households in Each Category Reporting Mobility or Self Care Limitations						
Income Level	HHs aged 75+		HHs aged 62-74		Non Elderly HHs	
	Owner	Renter	Owner	Renter	Owner	Renter
<30% AMI	37.0%	48.9%	24.7%	41.1%	21.9%	24.5%
Bet 30-50%	35.7%	44.9%	23.5%	34.7%	19.4%	16.0%
Bet 50-80%	36.2%	43.7%	21.7%	29.0%	14.9%	10.4%
Above 80%	32.4%	39.9%	14.5%	21.4%	8.7%	6.5%
% with Self Care and Mobility Limitations that also have Housing Problems...						
<30% AMI	80.6%	52.3%	83.4%	53.6%	81.9%	70.7%
Bet 30-50%	36.7%	46.8%	48.5%	48.6%	68.7%	64.1%
Bet 50-80%	15.5%	35.0%	27.3%	27.8%	50.0%	32.5%
Above 80%	7.2%	22.8%	11.6%	8.8%	14.5%	13.2%

Source: Special Tabulations, Tables A7A, A7B, A7C

As with other special needs populations there is an on-going effort to develop housing and support services that will allow older people to live comfortably and affordably in their community of choice. The state encourages communities to diversify their housing stock to provide a range of housing options, suitable for residents across age groups and income. For the frail elderly, Massachusetts participates in the Program of All-inclusive Care for the Elderly (PACE), an optional benefit under Medicare and Medicaid that focuses entirely on older people who are frail enough to meet their state's standards for nursing home care. The program brings together all the medical and social services needed for homeowners or renters who otherwise might be in a nursing home.

Existing Resources⁷³

Massachusetts is one of only two states with a state-funded public housing program, and over 33,000 housing units for the elderly were built, most between 1960-1985 under the Chapter 667 Program. Some of the older developments, with small units and outmoded design, are now experiencing high vacancy rates, and DHCD is pursuing several strategies to address this situation. Although housing bond monies are available to upgrade the State funded public housing inventory, including funds to adapt units in existing Chapter 667 housing developments, there is not enough bond money available for a comprehensive redesign of the outmoded units. No *new* funding for public housing development has been available for many years.

DHCD and the Executive Office of Elder Affairs have jointly created a program that provides an “assisted-living-like” environment in state-funded elderly/disabled housing. The Supportive Housing Initiative seeks to help seniors in State funded public housing maintain their independence and “age in place” by providing better access to supportive services such as case management, 24-hour on-site personal care staff, housekeeping, a daily meals program, medication reminders,

⁷³ <http://www.sec.state.ma.us/cis/ciscig/o/o6o15.htm> - for link to resources for the elderly and program descriptions. Or See Appendix C on State Programs and Resources supporting the Consolidated Plan.

transportation, shopping and laundry service to elders within their senior housing complexes. Originally a pilot program, it now operates in 22 public housing developments. Since the Program began in 1998, over 4,000 residents of elder public housing have received these services. Congress has also provided funds to institute a similar initiative in federal public housing developments.

In addition, from 2000 to 2004 MassHousing and MassDevelopment funded about twenty new assisted living facilities, totaling 1,800 units, of which 600 are reserved for low income elders. These two agencies estimate that an additional comparable number of assisted living units will be developed between 2005-2009, and that at least a quarter of these will be designated low income.

Since 1992 housing developed under the HUD Section 202 Elderly Housing Program has been exclusively for very low income elderly and frail elderly who may need supportive services. HUD continues to fund, on average, six new developments per year in Massachusetts (typically totaling fewer than 200 units). During the years 2005-2009, it is expected that this level of funding will continue. MassHousing has also begun to refinance a number of older Section 202 developments. By reducing their mortgage interest rate by an average of 3 percent, the refinancings have enabled the nonprofit owners to improve conditions and enhance services for the residents, while preserving long term affordability. To date the Agency has closed on 11 projects, totaling nearly 705 units and \$63 million of new loans. It estimates that by June 30, 2005 it will close on an additional 9 projects with 931 units and \$52 million of loans. Over the next five years MassHousing hopes to refinance a similar number of projects and units, in addition to its ongoing programs to preserve expiring use projects, elderly as well as family.

For elders who need support in order to remain in their homes assisted living conversion grants enable physical changes to apartments and housing facilities to accommodate increased levels of care and provide affordable assisted living for frail elderly persons. Funding for these services may include state and local agencies, private grants and donations, as well as Medicaid.⁷⁴ MassHousing estimates that 10% percent of its home improvement loans in any given year go to elderly homeowners.

Obstacles/Challenges

Elderly and especially low-income elderly residents face a limited range of housing options – both public and private – as they age. Continued connection to familiar services and providers and to social networks is critical to the overall health and quality of life for these residents. The challenge is to allow elderly residents who wish to do so to remain in their home communities. Even when seniors are able to remain in their own communities, however, housing choices can be limited. There is a need for programmatic support for seniors who are able to remain in their homes, both to provide financial assistance as well to make adaptations their residences to suit their specialized needs. Accommodations are also needed for tenants who may require temporary hospitalization or nursing home placements, to insure no loss of housing. Supportive services are also needed to ensure that elderly residents can access existing housing resources.

⁷⁴ <http://65.194.204.65/SiteSearch/SearchResults.asp?SC=Media%20Info/News%20Releases>

or <http://www2.aahsa.org/>

Physical, Psychiatric and Cognitive Disabilities

In addition to the elderly households with mobility and/or self care limitations, nearly 209,000 non-elderly households have members with similar limitations. This number captures some, but not all of the state's 44,000 residents with long term psychiatric disabilities and the 27,000 with cognitive disabilities. Traditionally, non-elderly people with disabilities have been among the most underserved populations in government housing programs. The few units that were available specifically for people with disabilities were intended for those with physical disabilities. The housing choices of people with other disabilities have been limited to segregated housing such as group homes, even though a recent survey by the Massachusetts Rehabilitation Commission (MRC) indicates that 50 percent of consumers prefer living in their own apartment. More recently efforts have been made at the state and federal level to expand housing options that meet individual needs and preferences such as mobile rental assistance programs, but such efforts require careful coordination between housing and human services agencies.

This section focuses on the needs of those with physical, cognitive and psychiatric disabilities.

Estimate of Need

Physically Disabled Over half (106,000) of the non-elderly households with members who have mobility or self care limitations are low income, and 65,000 of those experience housing problems and/or cost burdens. Two thirds are renters, one third homeowners. As is the case with the elderly, the lower the income the higher the incidence of limitation and the greater the likelihood of housing problems. (Refer to Tables 3.12 and 3.13) Also paralleling the experience of the elderly, renter households are more likely to experience mobility limitations than homeowners, but over 80 percent of the extremely low income homeowners who do have limitations also experience cost burdens and/or other problems.

Psychiatrically Disabled The Department of Mental Health (DMH), within the Executive Office of Health and Human Services (EOHHS), currently serves about 8,400 adult clients through its Residential Services Programs: 42 percent in group homes, 45 percent in independent living settings and 14 percent in housing affiliated with DMH but not receiving formal residential services. There are another 3,000 people on its waiting list. Most of those on the waiting list are currently in inappropriate (e.g., living with aging parents) or “worst case” housing situations.⁷⁵ Two thirds of those on the wait list require rental assistance with housing services, 25 percent need only rental assistance and 8 percent require services only. An additional 530 homeless adults with psychiatric disabilities are awaiting housing, but these individuals have been included in the homeless needs estimate. There are also 130 children and adolescents who have been approved for DMH residential services but are awaiting placement.

The need for community based housing for people with psychiatric disabilities has grown tremendously as the state has shifted from a system of institutional care to one of out-patient treatment. The type of housing needed varies according to the diagnosis, age of client, stage of recovery and desire for peer support or privacy. Under the 1999 *Olmstead* ruling, a state is required to place people with mental disabilities in community settings rather than institutions

⁷⁵ Massachusetts Association for Mental Health

when its “treatment professionals have determined that community placement is appropriate...and can be reasonably accommodated taking into account the resources available to the State and the needs of others with mental disabilities.”⁷⁶

The vast majority of DMH consumers have very low incomes, and need help with affordability in addition to their other needs. Most depend on SSI (supplemental social security income) which provides a single person in Massachusetts with an average of \$421⁷⁷ per month. This is *less* than the fair market rent for a one-bedroom apartment in greater Boston, and the problem is growing more acute. Between 2000 and 2002, SSI benefits increased by only 5 percent while the fair market rent for a one bedroom apartment increased by 33 percent.

Cognitively Disabled The Department of Mental Retardation (DMR), another EOHHS agency, also works with housing providers to develop community-based housing for its clients. The agency assists over 27,000 low income, mentally retarded adults.⁷⁸ About 8,200 individuals receive residential supports through state and private providers in the community, ranging from group homes to independent apartments, and there are more than 2,700 on DMR’s waiting list. DMR estimates that 80 percent of its consumers have incomes below the poverty line.

Both DMH and DMR have had to adopt comprehensive strategies for complying with the 1999 *Olmstead* decision. In addition, DMR is operating under two court orders of its own to expand community based housing services and reduce its waiting list. A 1999 settlement required the agency to end the inappropriate placement of 1,600 clients in nursing homes. Another, a year later, required that the state reduce DMR’s wait list to zero over five years by creating 375-400 new residential placements per year.

The state has been meeting this target, but the number of people awaiting DMR housing is expected to increase even after the backlog is eliminated as more young consumers turn 22, the age at which they become eligible for adult residential services. DMR estimates that about 450 consumers turn 22 each year. In addition, a growing number of caregivers who have been providing in-home care for younger family members are over age 60 and are increasingly unable to continue to provide in-home care.

Current Response

Overview A number of the same state agencies that are involved in addressing issues of homelessness are also involved in addressing the housing needs of (non-homeless) people with physical, cognitive or psychiatric disabilities. The lead agencies include DHCD, the Executive Office of Health and Human Services (EOHHS) Departments of Mental Health (DMH), Mental Retardation (DMR) and the Massachusetts Rehabilitation Commission (MRC). The EOHHS agencies do not develop housing directly but rather work with other public and private housing agencies and groups to make resources available to their clients, primarily funded under federal or state housing programs.

Physically Disabled Section 504 of the Rehabilitation Act, a federal law, requires that at least 5 percent of new units built in federally subsidized housing developments must be accessible to persons with physical disabilities and that another 2 percent be accessible to those with visual or

⁷⁶ <http://supct.law.cornell.edu/supct/html/98-536.ZS.html>

⁷⁷ http://www.ssa.gov/policy/docs/quickfacts/state_stats/ma.pdf

⁷⁸ It also serves children with developmental disabilities and their families, but does not provide them residential services.

hearing impairments. Section 504 compliance is triggered in federally subsidized rehabilitation projects of 15 or more units if the renovation costs exceed 15% of the replacement cost. As funds become available, individual units in existing subsidized developments are being retrofitted to accommodate the disabled. To date, more than 4,000 units in the state public housing and MassHousing portfolios have been modified or built to be accessible.

The Federal Fair Housing Amendments Act (FHAA) of 1988 raised accessibility standards and extended them to private and public multi-family housing of four units or more first occupied after 3/13/1991. (Renovations or conversion of buildings do not trigger FHAA compliance). Reasonable modifications or a physical alteration to the building to allow greater accessibility and use by a resident with a disability are done on a per resident request basis. Cost for such modifications are borne by the resident making such request. However, under the Massachusetts fair housing regulations (MGL Chapter 151B), in buildings that are publicly funded or in private housing of ten or more contiguous units, the owner is responsible for reasonable modification costs. Chapter 151B also mandates that all accessible and adaptable units be listed in a special registry. The state, through the Massachusetts Rehabilitation Commission, has established this central registry, Mass Access, to help match accessible and adaptable units with those who need them. The service is free to both tenants and landlords.

Psychiatrically Disabled DMH arranges housing and services for its clients through a network of private vendors, housing authorities, and community based development organizations. The broad range of options reflects the variety of requirements and desires of the people served by the agency. The three primary models are: independent living, with services provided as necessary, group homes, and homeownership. Increasingly the supported housing model is favored over the congregate setting. The supported housing model has enabled consumers to select, acquire and maintain housing linked to a variety of individualized support services. It has led to increased consumer satisfaction and cost-effectiveness.

Cognitively Disabled DMR also works with housing providers to develop community-based housing for its 8,200+ consumers. Individuals receive residential supports through state and private providers in homes in the community, ranging from group homes to independent apartments. In order to provide homes to its clients, DMR relies on several options, including homes rented or owned by the state, and privately owned homes. Current DMR policies encourage the separation of housing and supports. They believe that most people need a permanent home, and that paid assistants can be scheduled for support services as needed. The agency is phasing out some of its older, poorly located, 6-8 person community residences.

Existing Resources

Funding comes from a variety of public and private sources, some in the form of rental assistance, some for acquisition of existing units or new construction. DMR and DMH employ several programs to increase the supply of housing units for their consumers, including state-funded public housing, HUD Section 811 housing for people with disabilities, the Massachusetts bond-financed Housing Innovations and Facilities Consolidation Funds, and financing from one or another of the state quasi-public agencies, like the Massachusetts Housing Partnership or the Massachusetts Housing Investment Corporation. To make existing units affordable for their clients, both agencies (and MRC) use state and federal tenant-based rent subsidies. In general, though, the supply of such specialized housing falls short of the units needed. Several dozen get added annually; several thousand are needed.

The state's Alternative Housing Voucher Program (AHVP) provides subsidies for 225 low income disabled individuals as of November 1, 2004. Section 8 vouchers serve another 1,700 households. Descriptions of these set asides can be found in **Appendix C**, under Rental Assistance Programs. Funding for housing and counseling services was increased to \$822,000 (from \$200,000).

DMH invests over \$235 million of its annual state budget in a range of residential services and housing programs for adults, children and adolescents with a total capacity serving over 7,100 clients in community-based housing statewide. The Department also targets in excess of \$22 million for a comprehensive program of services and housing assistance to persons recovering from mental illness who have a history of homelessness. DMH clients are overwhelmingly very low-income earning far less than 30 percent of median and require a continuum of affordable housing comprised of all types and settings. In the past two years, DMH has closed beds in three state hospitals, reducing capacity from 1,127 to 948 beds. Much of the cost savings from these closures was used to expand the community service system. In Metro Boston region there are now only 144 beds in DMH transitional psychiatric housing/shelters. At the same time, the number of adults receiving mental health services in the community more than tripled climbing from 2,500 to more than 8,400 people.

Three important initiatives were reauthorized for fiscal year 2005 under the \$200 million Massachusetts Disabilities Bond Bill and a new one was approved for the first time. The Home Modifications for Individuals with Disabilities Loan Program, first established by the Massachusetts legislature with a \$10 million set aside from the 1998 bond bill, provides loans for access modifications to the principal residence of elders, adults with disabilities, and families of children with disabilities. No-interest loans (for households earning below AMI) and 3 percent deferred payment loans (for those earning between 100-200 percent of AMI) are available in amounts from \$1,000 up to \$25,000, and are administered by six nonprofit agencies throughout the state. Also reauthorized were the Housing Innovations Fund (HIF) and the Facilities Consolidation Fund (FCF). In addition, a new Community Housing Initiative was approved under the Disabilities Bond Bill.

Obstacles/Challenges

Low-income people with disabilities may have trouble accessing the full range of housing services due to inaccessible buildings, long waiting lists for existing housing units, a lack of affordable housing in the region, stigma about mental illness, and the need to live in places that are convenient to support services. The lack of affordable housing in the private market is a major barrier since most DMH clients are extremely low-income, with a median income of \$600 per month, usually from SSI. Other barriers include insufficient resources to meet demand and discrimination against those with mental illness.

The Federal Fair Housing Act now requires that private multi-family housing built after 1991, (in addition to publicly assisted housing) be accessible or adaptable. As the population ages, universal design features are increasingly being incorporated as a matter of course. It remains expensive and sometimes impossible, however, to make adequate physical adaptations to older existing units, on which most physically challenged households rely. Although Fair Housing allows renters with disabilities to make modifications to their rental property at their own expense, low-income renters are often unable to take advantage of this legal right. Modifying existing structures can be costly and may be infeasible. Costs can increase further if these modifications are taxed as improvements,

increasing the value of home, thereby raising property taxes, a prime source of housing burden for low-income and elderly homeowners.

An adequate supply of affordable and accessible housing must exist to ensure that people with disabilities who are leaving facility settings – or those who are at risk of going into a facility – have an acceptable place to live, and affordable housing is in short supply in Massachusetts. In addition to funding cutbacks that have limited affordable housing production, funding for the services required for supportive housing – including job training, peer support and daily living skills training – has also been inadequate.

HIV/AIDS⁷⁹

Since the AIDS epidemic was first identified and case reporting implemented in the early 1980s, a total of 25,442 Massachusetts residents have been diagnosed with AIDS and/or HIV. Of these, 42 percent have died and 58 percent are living with AIDS. In addition to the 14,727 individuals diagnosed as living with AIDS, there are significant estimates of residents living with AIDS who are either not aware of this condition or have not been reported, bringing the total estimate of residents living with AIDS to approximately 23,000. Approximately one quarter of these people are not aware of their status. While the number of people *diagnosed* with AIDS has dropped each year since the mid-1990s, the number of people *living* with HIV/AIDS has increased as fewer people have been dying from the disease. Over 1,000 new HIV cases were reported in Massachusetts in 1999 and 2000 and another 900+ per year were reported in 2001, 2002 and 2003.⁸⁰ The total HIV/AIDS caseload as of July 1, 2004 was estimated to be close to 15,000.

Estimate of Needs

The HIV/AIDS Bureau, within the Massachusetts Department of Public Health, reports that there are about 1,200 units of AIDS housing available statewide, and that this number meets an estimated 35 percent of the demand. As part of its 2003 AIDS housing resource and needs assessment, the AIDS Housing Corporation (AHC) evaluated the adequacy of needs in 14 geographic areas of the state. AHC conducted a series of focus groups of people living with HIV/AIDS (PLWHA) to develop a snapshot of the housing needs in each region of the state.

The focus groups underscored the need for significantly more resources for people living with HIV/AIDS (PLWHA) in most areas. AHC's assessment found that there is a shortage of units overall, but that priority needs varied by geography. For example, in Franklin County there is housing for just 10 percent of PLWHA; in the North Shore region there is housing for 9 percent; in Bristol County and the Cape and Islands, 7 percent; North Middlesex, 6 percent. The Brockton, Lynn-Gloucester, and Holyoke-Springfield areas were identified as offering the fewest housing options relative to their populations of people living with HIV/AIDS. While rural Franklin and

⁷⁹ Unless otherwise noted, all statistics on HIV/AIDS were provided by the HIV/AIDS Bureau of the Massachusetts Department of Public Health and are based on its HIV/AIDS Surveillance Program, and the 2005 edition of the *Massachusetts HIV/AIDS Epidemiologic Profile*

(http://www.mass.gov/dph/aids/research/profile2005/2004_ma_hiv_aids_data_overview.pdf)

⁸⁰ DPH HIV/AIDS Bureau ... DPH notes that these numbers are likely an undercount because people who are HIV positive may have not yet been tested or reported. Including approximations of Massachusetts residents infected with HIV who do not yet know their status or who have not been reported, some estimates suggest there may be as many as 21,000 – 23,000 individuals currently living with HIV infection or AIDS in the Commonwealth.

Berkshire Counties have much lower caseloads, they lack specific transitional or congregate units and AIDS designated housing programs with which to address the cases they do have.

The 2004 edition of *The Massachusetts HIV/AIDS Epidemiologic Profile* concludes that progress has been made in preventing the spread of the HIV epidemic and improving the health of people living with HIV/AIDS in the Commonwealth, but that much work remains to be done. Improved treatment options have extended the average time between HIV infection and the development of AIDS, and also have extended the overall survival of people with HIV/AIDS (PLWHA). While this has increased the need for public health services, health care and housing, it has changed the type of housing and services that are required. Single room occupancy units (SROs), which were in demand when more people with AIDS required assistance with daily living, are not in demand as much today. Many PLWHA have additional needs (drug addiction, for example) and require supportive housing to address those needs. Others may simply need permanent affordable housing.

Current Response

The HIV/AIDS Bureau, in the Massachusetts Department of Public Health (within the Executive Office of Health and Human Services) is the state's lead agency in delivering services to individuals with HIV/AIDS. The state is divided into six health service regions and the racial/ethnic distribution of people living with HIV/AIDS varies by region, as does the mode of exposure. While over half of the people living with HIV/AIDS in the Metrowest, Northeast and Southeast regions are white, nearly half of those living with HIV/AIDS in the Western Region are Hispanic and 37 percent of those in the Boston Region are black. The distribution of exposure mode also varies across the state: while male-to-male sex predominates as the exposure mode in the Boston and Metrowest regions, injection drug use predominates in the Western and Central regions. **Table 3.14** summarizes the demographic characteristics of people living with HIV/AIDS statewide and how they have shifted over the past three years.

Eighty-three percent of people living with HIV/AIDS are age 35 or over, and 71 percent are men. Sexual exposure through male-to-male sex accounts for the largest proportion of reported modes of exposure for men living with HIV/AIDS. For women, injection drug use accounts for the largest percentage of reported exposure, followed by heterosexual sex as a mode of exposure. The majority of men living with HIV/AIDS are white (non-Hispanic), while women living with HIV/AIDS are predominantly Black (non-Hispanic) or Hispanic. Sixteen percent of all people living with HIV/AIDS in Massachusetts are non-US born, primarily from the Caribbean (40 percent) and Sub-Saharan Africa (25 percent).⁸¹ The distribution of diagnoses across gender has remained steady from 1999-2002 with women accounting for about 30 percent and men 70 percent of new diagnoses. Likewise, the distribution has remained fairly steady across race/ethnicity, with slight decreases in the proportion of cases among whites and Hispanics (42 percent to 39 percent among whites and 25 percent to 23 percent among Hispanics) and a slight increase among blacks (from 30 percent to 34 percent).

Racial, ethnic and geographic disparities persist among people living with HIV/AIDS, with black and Hispanic men infected at 8-10 times the rate of whites. The disparity is even greater for women of color. In addition, there is a concern that many people who are infected with HIV may be unaware of their status or first learn they are HIV positive late in the course of their disease. From

⁸¹ Data are from the 2004 Massachusetts HIV/AIDS Epidemiologic Profile

2000 to 2002, 29 percent of people diagnosed with HIV infection in Massachusetts already had AIDS (or had it within two months), showing the need to improve efforts to provide HIV counseling and testing to people at risk for HIV infection.

Table 3.14

% Change Over Time Among People Living with HIV/AIDS by Gender, Race/Ethnicity, Place of Birth and Health Service Region: MA (7/1/03)							
	PLWHA on 7/1/00	% of PLWHA, 7/1/00	New cases of HIV/AIDS from 7/1/00 – 7/1/03	Deaths, 7/1/00-7/1/03	PLWHA on 7/1/03	% change ¹ in PLWHA, 7/1/00 – 7/1/03	% of PLWHA, 7/1/03
Gender							
Male	8,567	72%	2,188	634	10,121	18%	71%
Female	3,291	28%	989	241	4,039	23%	29%
Race/Ethnicity							
White Non Hispanic	5,828	49%	1,305	447	6,686	15%	47%
Black Non Hispanic	2,979	25%	1,017	240	3,756	26%	27%
Hispanic	2,884	24%	761	184	3,461	20%	25%
Asian/Pacific Islander	92	1%	69	3	158	72%	1%
American Indian/Alaskan Native	14	0%	4	0	18	2	0%
Place of Birth							
US	8,776	74%	2,027	681	10,122	15%	71%
US Dependency	1,542	13%	357	123	1,776	15%	13%
Non-US	1,540	13%	793	71	2,262	47%	16%
Health Service Region ³							
Boston HSR	3,840	31%	1,016	249	4,607	20%	33%
Central HSR	1,042	8%	280	94	1,228	18%	9%
Metro West HSR	1,417	11%	388	93	1,712	21%	12%
Northeast HSR	1,641	13%	465	129	1,977	20%	14%
Southeast HSR	1,637	13%	489	148	1,978	21%	14%
Western HSR	1,395	11%	353	112	1,636	17%	12%
Prison ⁴	1,395	11%	353	112	1,013	16%	7%
TOTAL ⁵	11,858		3,177	875	14,160	19%	100%

Notes:

1 % change is calculated by subtracting the number of people living with HIV/AIDS on 7/1/2000 from the number of people living with HIV/AIDS on 7/1/2003 and dividing by the number of people living with HIV/AIDS on 7/1/2003. The % change is positive unless

2 % change is suppressed because it is unstable due to small numbers.

3 Reflects the health service region of a person's residence at the time of report (not necessarily current residence)

4 HSRs are regions defined geographically to facilitate targeted health service planning. While prisons are not an HSR, the prison population is presented separately in this analysis because of its unique service planning needs. Prisons include persons who

5 Totals include people of unspecified race/ethnicity. Data Source: MDPH HIV/AIDS Surveillance Program (percentages may not add up to 100% due to rounding)

Existing Resources

Among the resources used to provide housing assistance specifically to people with HIV/AIDS are the Housing for Persons with AIDS (HOPWA) homelessness prevention and supportive service programs, Section 8 rental assistance and the Housing Innovations Fund. In the Boston Metro area, many of the available units are SROs, leased through the Boston Housing Authority or Metropolitan Boston Housing Partnership. Participants in the recent focus groups identified as services that are helpful, housing advocates and case managers who went “the extra mile,” ex-offender friendly agencies, the rental start up program and homelessness prevention programs combined with food pantries, and utility assistance as essential resources.

Statewide housing resources include approximately 1,200 units, as follows⁸²:

- 42 transitional scattered site units
- 110 transitional SRO units
- 306 permanent scattered site units
- 349 permanent SROs
- 354 Assisted Living Program beds

Obstacles/Challenges

The focus groups identified several barriers to meeting the housing needs of PLWHA. One common theme reported in every part of the state was the chronic shortage of affordable, quality rental units and rental assistance. Other specific barriers include:

- Insufficient supply of larger units for families, and transitional housing units (not just SROs)
- Lack of housing for those coming out of prison or with a criminal history (13 percent of HIV/AIDS cases were reported during incarceration in a county or state correctional facility)
- Available housing options are often in unsafe neighborhoods and/or inaccessible by public transportation, making it difficult to access doctors and grocery stores
- Limited, inaccessible services in rural areas

Other Special Needs

As noted, the state plays a role in providing housing and support services to many other individuals and families who face special challenges and require specialized, supportive housing services. These include women and children who are victims of domestic violence, of substance abusers and ex-offenders, or children who are involved in the court system, are similar in that they are often moving through temporary placements, to transitional programs, and eventually seeking permanent and stable housing options.

⁸² Moving Forward: A Massachusetts HIV/AIDS Housing Resources and Needs Assessment Report (2003), Appendices A-G. Area Profiles, AIDS Housing Corporation.

For links to current housing developments/programs see: http://www.ahc.org/publications_housing.html

In many cases the populations and the institutions that serve them overlap. Often, when they attempt to find and maintain housing they are subject to the same barriers and needs of the mentally or physically disabled, or those with other types of special needs. Their housing challenges and the resources available to address them are summarized below. Additional information on these populations, and the programs that serve them, can be accessed online from the public and private agencies that serve them.

- Substance Abuse Each year in Massachusetts, there are more than 2,000 deaths and 60,000 hospitalizations related to alcohol and other drug use.⁸³ It is estimated that 16 percent of the population treated for substance abuse are homeless (these individuals are included in the estimate of homeless needs). As of 2002, the Bureau of Substance Abuse Services (BSAS), the division of the State Department of Public Health with oversight of substance abuse treatment programs, had about 2,800 beds in permanent and transitional housing for individuals and families in recovery from substance abuse (120 separate programs). BSAS also funds some short term housing assistance programs, specifically emergency shelter beds and approximately 70 residential treatment programs and group homes. The Bureau supports three types of residential treatment programs: recovery homes, which provide a structured rehabilitative environment for individuals recovering from addiction; therapeutic communities, a structured environment that stresses client treatment and recovery; and social model recovery homes, an alternative that emphasizes peer counseling and case management.

The Bureau has been increasing its community-based system for the homeless by accessing Shelter Plus Care certificates, expanding its SHARE program and increasing acute treatment services. Longer-term housing assistance includes 150+ units of alcohol and drug free housing in 20 houses for people in recovery and 175 beds of supportive housing for individuals in recovery and oversees 73 units of permanent housing for homeless recovering women funded in part through HUD Continuum of Care funds.

- Domestic Violence Between 2001-2003 the number of intakes at Massachusetts shelters and safe homes increased while space in transitional living programs decreased. In 2003 the number of intakes at shelters was 3,989; intakes at safe homes was 3,752; and at transitional facilities a total of 237 women were admitted. More than 5,000 women were turned away due to lack of space.⁸⁴ Sixty-one percent of women entering DSS-funded domestic violence shelters currently have children living with them.

Numerous nonprofit groups, as well as the federal, state, and local governments contribute to increasing the availability of services for battered women, here and throughout the country. Begun in 1992 the Commonwealth's McKinney Scattered Site Transitional Apartment Program initiative attempts to reduce the number of families staying in subsidized hotels/motels. Scattered site housing provides apartment-like environment and appropriate services, including housing search, to battered women and their children who are homeless due to domestic violence.

- Community Corrections Ninety-seven percent of prison inmates eventually are released from prison, but many do not make the transition from Department of Corrections (DOC) custody

⁸³ Bureau of Substance Abuse Services, Massachusetts Department of Public Health

⁸⁴ Jane Doe Inc. (JDI), the Massachusetts Coalition Against Sexual Assault and Domestic Violence, Service Delivery Data 2001-2004.

successfully. The recidivism rate among released offenders in Massachusetts, as elsewhere, is high. Most ex-offenders do not receive the kinds of supports and services associated with a formally supervised or appropriate housing program, and it is difficult to access reintegration services that could be more easily provided in a controlled setting prior to release. The State runs a Correctional Recovery Academy (CRA) in eight correctional facilities, but there are currently over 500 inmates on the program waiting list. DOC is currently revamping its community efforts and developing a deeper partnership with the Parole Board, reorganizing its Community Resource Centers as Regional Reentry Centers to be funded by \$1.2 million from the DOC and managed by Parole.

Adding to the challenge, a majority of inmates have extensive histories of alcohol and substance abuse problems. According to the Department of Corrections, between 2.75 percent and 3.5 percent of the inmate population is HIV positive, and 30 percent tested positive for Hepatitis C. More than one in five inmates (22 percent) has an open mental health case, and the number rises to 65 percent for women inmates. Applicants with a criminal record are often turned down, for subsidized or public housing programs. As a result, many ex-offenders are forced into one of the state's homeless shelters following their release from prison.

A subset of Community Corrections includes juveniles committed to the Department of Youth Services (DYS). Between 1994 and 2004 this group increased by nearly 60 percent, from 1849 to 2944. The increase was fueled by a rise in the number of juveniles newly committed to DHS by the courts of the Commonwealth, an increase in the average length of commitment, and an increase in the number of juveniles whose commitment was extended beyond 18 years of age due to dangerousness. DHS serves nearly 3,000 youthful offenders with more than 100 programs including secured facilities, group homes, foster care, independent living, and support services.

3. Needs Assessment

Community Development

This section identifies and assesses the non-housing community development needs of the Commonwealth. The process by which these needs were identified involved analysis of economic conditions and trends, with particular attention to the impacts on low and moderate income people and communities; input from community representatives and regional planning agencies in a series of focus groups held across the state and in one-on-one interviews; and a review of recent CDBG funding requests was conducted with DHCD staff.

Nature and Extent of Non-Housing Community Development Needs

Overview⁸⁵

The Commonwealth is transitioning from a manufacturing to a knowledge-based economy has created a new set of challenges and opportunities for the state. Sustained progress will require well-targeted educational and infrastructure investments and an active role for state government in promoting economic development. CDBG funds are central to this effort. Not only do they support a broad range of community development projects and infrastructure improvements, they also support business and workforce development.

Community development needs and priorities vary by region and by size and type of community, but several common themes emerged during the regional focus groups which preceded the development of this Consolidated Plan: the need to upgrade infrastructure for the twenty-first century; the challenge of preparing a “job ready” workforce that can take advantage of economic opportunities and a support system that enables them to prosper; the challenge of ensuring that the prosperity of an expanding economy is shared by all geographic regions and all demographic and income groups; and the need to assure that economic growth translates into a high quality of life for all residents. A number of participants also expressed a need for better planning and coordination between and among units of government. Although this section focuses on the Commonwealth’s non-housing community development needs, the lack of affordable housing was cited repeatedly in focus groups and interviews, especially in the eastern part of the state, as *the* major barrier to business growth and economic expansion.

Infrastructure

State-of-the-art physical infrastructure contributes to the quality of life for existing residents and is a necessary ingredient for expanded business development. Investments in sewer, utility, and road improvements in downtown areas, neighborhoods, industrial zones and underdeveloped rural areas can have dramatic effects on local economies and a cumulative beneficial effect on the overall economy, but many communities do not have the financial capacity to make the necessary infrastructure improvements. While there are several state funding programs that can be used for infrastructure improvements – the Public Works Economic Development program, Chapter 90

⁸⁵ The description of the nature and extent of the Commonwealth’s community development needs draws heavily from *Toward A New Prosperity: Building Regional Competitiveness Across the Commonwealth*, a 2003 report by The Donahue Institute of the University of Massachusetts, commissioned by the state’s Department of Business and Technology. The report articulates many of the concerns expressed by participants in the regional forums and in interviews with program administrators, beneficiaries and others.

local road construction program, Community Development Action Grants, and Sewer Revolving Loan Fund – the need outweighs the available funding. Communities look to CDBG funding to supplement these other resources.

In addition to roads, sewers and other traditional infrastructure, the state's economic competitiveness requires 21st century technology and telecommunications infrastructure. Some areas of the Commonwealth, however, still rely on inadequate telecommunications systems, which prevent them from attracting new technology and knowledge based businesses.

Labor Force

Massachusetts' competitive advantage remains its well-educated, high quality workforce. According to the 2002 American Community Survey, the state ranks number one in percentage of residents age 25 and over who have at least a bachelor's degree (a full 10 percent above the national figure of 26 percent). However, an aging population and slow-growing labor force – the 4th lowest in the nation during the 1990s – threaten future economic growth by inhibiting the attraction of new firms and curtailing expansion of industries.

Since 1990, Massachusetts has lost 213,000 more residents than it gained from other states. Net losses were experienced even during the boom years of the 1990s.⁸⁶ Those who are leaving tend to be younger and more educated. High cost of living appears to be a contributing factor. In a recent MassINC survey on the quality of life survey in Massachusetts, more than half the respondents (54 percent) cited the availability of affordable housing as a problem, and 25 percent indicated that they would like to relocate, with most expressing a desire to go somewhere with a lower cost of living.⁸⁷

Foreign immigrants have nearly replaced the domestic outflow of residents. Net immigration into Massachusetts between 1990 and 2000 is estimated to be over 112,000.⁸⁸ Massachusetts is increasingly becoming a state of immigrants – 13 percent of the population is foreign-born. While many new immigrants come with advanced degrees and highly specialized skills, many others are less educated and lacks basic language skills.

Job Readiness/Career Ladder

Given the state's projected slow population growth, and the fact that an influx of new workers from other states is unlikely, it is important to educate the people already here to fuel the economy. This includes promoting education and skill building of current workers so that they can advance to higher-level positions. It also includes encouraging more of the individuals currently outside the labor force to re-enter the job market.

Many residents are unable to take advantage of the economic opportunities that do exist, either because they are not prepared for the type of work available, or because they face other impediments such as inadequate transportation or childcare. Massachusetts faces the challenge of ensuring that its residents are "job-ready" to participate in the state's economic recovery. Despite

⁸⁶ Presentation of Michael Goodman, Director of Economic and Public Policy Research, UMass Donahue Institute to the 495/MetroWest Corridor Partnership, 6/11/04.

⁸⁷ The Pursuit of Happiness: A Survey on the Quality of Life in Massachusetts, prepared for MassINC by Princeton Survey Research Associates, May 2003.

⁸⁸ *Population and Labor Force Development in Massachusetts*, Center for Labor Market Studies, Northeastern Univ., 1998

the state's overall high level of educational attainment, many people lack the basic education and job readiness skills necessary for entry-level positions. This lack of "job-ready" workers was a serious problem during the 1990s and is likely to be again when the economy recovers.

Uneven Economic Recovery among Geographic Regions and Income Groups

The shift from a manufacturing to a knowledge based economy has resulted in disparate outcomes for different regions of the state. While the Greater Boston and Route 495 regions prospered by the transition – both have suffered in the most recent downturn, but the underpinnings are in place for them to take advantage of opportunities as the recovery gains momentum – small towns and former industrial centers in the western part of the state have not fared as well. The economic boom of the 1990s by-passed many of these communities.

Employment disparities persist among racial and ethnic groups as well. Even during the period of peak employment, the Fitchburg, Lawrence, and New Bedford labor markets posted higher rates of unemployment than the rest of the state. Communities themselves often face impediments that prevent them from maximizing opportunities (e.g., lack of organizational capacity, incentives or infrastructure that would enable them to recruit new businesses or grow existing ones)

Shifting Local Priorities

As a barometer of local needs, DHCD continually analyzes the funding requests from jurisdictions participating in its programs. This is in addition to regular interviews with program administrators, training sessions and focus groups. In recent years, housing rehabilitation has represented an ever-increasing share of the state's CDBG funding requests, and awards, reflecting the high priority municipalities place on this. In FY 2000, 38 percent of the CDBG budget was awarded for housing rehabilitation. By FY 2003, nearly half was. There have been shifts within the non-housing area as well. **Table 3.15** summarizes the type and amount of these requests.

Comparing the average requests received during the past three years with the three years leading up to the 2000-2004 Consolidated Plan shows that infrastructure has replaced public facilities as the largest non-housing use, representing just half the 2000-2003 dollars requested. Public facilities accounted for 32 percent, down from 52 percent in the prior three-year period (1997-1999). The amount requested for economic development activities also dropped during 2000-2003, from 11 percent to 7 percent. Requests for planning assistance rose from 1 percent of the total dollars requested to 4 percent, and requests to fund public services remained level (7 percent versus 6 percent). In total, non-housing related requests dropped by more than 25 percent during this period.

Water and sewer improvements represent the largest share of infrastructure improvement requests and, as noted, there has been an increase in requests for infrastructure projects in the past year. DHCD program staff attribute the increased reliance on CDBG funds for infrastructure to the decrease in other types of local aid as the result of the state's budgetary constraints. In the category of public facilities, neighborhood facilities such as community centers, senior centers, and facilities for youth and family services represented the largest share of the requests. This was followed by requests for assistance in meeting the federally mandated accessibility requirements under the Americans with Disabilities Act (ADA). There has been a significant increase in requests for planning and technical assistance, as well, over the past three years.

Table 3.15

Non-Housing Community Development Funding Requests Massachusetts CDBG Program						
	Average		Average		Change	
	FY 1997 - FY 1999		FY 2001 - FY 2003		%	\$
PUBLIC FACILITY NEEDS						
Neighborhood Facilities	\$6,086,727	19%	\$3,889,754	17%	-14%	-36%
Parks/Rec. Facilities	\$1,115,201	4%	\$124,100	1%	-85%	-89%
Parking Facilities	\$673,971	2%	\$236,386	1%	-53%	-65%
Architectural Barriers	\$6,440,832	20%	\$2,231,303	10%	-53%	-65%
Other- Program Delivery	\$1,890,968	6%	\$1,100,680	5%	-21%	-42%
<i>Sub-Total</i>	\$16,207,699	51%	\$7,582,223	32%	-37%	-53%
INFRASTRUCTURE						
Water/Sewer Impr.	\$5,728,922	18%	\$4,647,700	20%	9%	-19%
Street/sidewalk Impr.	\$3,155,737	10%	\$4,549,349	19%	95%	44%
Other Pub. Facil./Infra.	\$491,807	2%	\$2,359,676	10%	547%	380%
<i>Sub-Total</i>	\$9,376,465	30%	\$11,556,725	49%	66%	23%
PUBLIC SERVICE NEEDS						
<i>Sub-Total</i>	\$1,790,608	6%	\$1,627,552	7%	23%	-9%
ECONOMIC DEVELOPMENT						
Commercial Prop. Impr	\$982,138	3%	\$764,399	3%	5%	-22%
Assist Com/Indus Bus.	\$296,055	1%	\$495,722	2%	126%	67%
Com/Ind Infrastructure	\$261,002	1%	\$422,251	2%	118%	62%
Micro enterprise Assist.	\$861,120	3%	\$317,522	1%	-50%	-63%
ED Technical Assistance	\$23,333	0%	\$0	0%	-100%	-100%
Downtown Partnerships	\$244,346	1%	\$0	0%	-100%	-100%
Program Delivery	\$473,953	2%	\$190,451	1%	-46%	-60%
Other Economic Dev.	\$778,498	2%	\$158,164	1%	-73%	-80%
<i>Sub-Total</i>	\$3,920,443	12%	\$1,754,912	8%	-40%	-55%
PLANNING						
<i>Sub-Total</i>	\$226,345	1%	\$838,906	4%	400%	271%
TOTAL						
Grand Total	\$31,521,561	100%	\$23,360,318	100%		-26%

Source: DHCD

Current Response

Since the last Consolidated Plan was filed, Massachusetts has developed a more strategic approach to housing growth, economic development, and environmental sustainability, all major priorities of Governor Romney. With the goal of fostering comprehensive, sustainable development – smart growth – to help restore blighted areas, boost the quality of life for all residents and preserve

precious natural resources, the Governor established the Office for Commonwealth Development (OCD) in 2003. OCD is responsible for improving coordination among agencies and investing public funds wisely in sustainable and equitable development. DHCD, which, as the Commonwealth's lead agency for community development, administers the Community Development and Community Service Block Grants (CDBG and CSBG) and Community Development Action Grant (CDAG) programs, is part of the newly established OCD. Also incorporated into the new management structure were the Executive Offices of Transportation and Environmental Affairs and the Division of Energy Resources.⁸⁹

The economic development strategies of the Commonwealth are the realm of Secretary of Economic Development, who also oversees the Departments of Business & Technology, Consumer Affairs and Business Regulation, and Labor and Workforce Development. Shortly after taking office in 2003, Governor Romney appointed seven Regional Competitiveness Councils (RCCs) to facilitate the state's economic recovery. The mission of the RCCs is to promote regional growth and attract jobs to the state. The Governor has charged the Councils, which include business, community and education leaders, with conducting in-depth analyses of their region's economic climate; assessing local abilities to attract new companies; identifying which companies and jobs are currently at risk; and devising a strategy to turn a region's resources – human capital, infrastructure and financial investments – into the optimal economic opportunity. DHCD is working closely with the RCCs in this effort.

In 2004, at the Governor's request, the Legislature created the Commonwealth Development Coordinating Council to advise the Administration in the preparation of a coordinated development policy for the state that addresses housing, transportation, capital development, economic development, and the preservation of natural resources. The Council is chaired by the Secretary of OCD. In this capacity, he coordinates with Economic Affairs advisory bodies, including the RCCs and the Governor's Economic Development Council.

Existing Resources

Commonwealth Capital

The effort to promote sustainable development requires a partnership that links state spending programs with municipal land use policies, and OCD coordinates state capital spending programs that affect development patterns to ensure that investments promote projects consistent with Governor Romney's Sustainable Development Principles.

(See <http://www.mass.gov/dhcd/components/housdev/10SDprin.pdf>).

OCD created Commonwealth Capital (CC) to target the state's infrastructure and open space investments. Commonwealth Capital explicitly endorses planning and zoning measures that are in accord with the administration's policy. It encourages municipalities to implement them by linking state spending programs to municipal land use practices.

For fiscal year 2005 Commonwealth Capital pertains to the following ten programs:

- Public Works Economic Development Program (EOT)
- Community Development Action Grant Program (DHCD)
- Transit Node Grant Program (DHCD)

⁸⁹ Statutorily an agency of the Office of Consumer Affairs and Business Regulation, the Division of Energy Resources works with OCD to coordinate energy policy with the principles of sustainable development.

- State Revolving Fund (EOEA - DEP)
- DEP Brownfields Funding (EOEA - DEP)
- Self-Help Program (EOEA)
- Urban Self-Help Program (EOEA)
- Agricultural Preservation Restriction Program (EOEA - DAR)
- Land Acquisition Programs (EOEA - DCR, DAR, DFG)
- Off-Street Parking Program (EOAF)

As they have in the past, applicants to any of the above programs submit an application to the relevant program manager. Now, however, they must apply to OCD as well. CC applications are reviewed by an OCD Interagency Group, and rated on how the municipality has used its powers to promote sustainable development, specifically to advance the state's interests in the following: redevelopment of previously developed areas; sustainable housing production; protection of farms, forests and other priority open space; and public drinking water supply protection. A municipality's score on the CC application will represent 20% of its overall score on any application to a Commonwealth Capital program. (The Commonwealth Capital application is available online at <http://www.mass.gov/oed/comcap.html> .)

Community Development Block Grants

Community Development Block Grants continue to be a mainstay for the Commonwealth's smaller communities, helping municipalities to address a range of community needs. Seventy percent of the state CDBG spending is required to directly benefit low and moderate income citizens, and it does so by supporting planning and technical assistance; workforce development and support services (e.g., childcare, case management, work readiness); public facilities and infrastructure improvement; and business development and support.

Constraints/Challenges

Quality of life is an important competitive factor in the emerging knowledge based economy. Since knowledge workers are increasingly mobile and live where they choose, maintaining an affordable cost of living and a high quality of life in the Commonwealth will be critical to its future competitiveness. The challenge going forward is to ensure that economic development strengthens, rather than diminishes, the quality of life in the Commonwealth.

3. Needs Assessment

Lead Paint

This section addresses the particular housing needs arising from the presence of lead paint in much of the Commonwealth's housing stock. The U.S. Centers for Disease Control and Prevention (CDC) calls childhood lead poisoning a major – but preventable – environmental disease that can cause serious permanent damage to a child's brain, kidneys, bones, nervous system and red blood cells. High level exposure can cause developmental disabilities, seizure disorders, and even death; low levels can cause learning and behavioral problems. The principal source of childhood lead poisoning is lead paint in older housing, making it a serious problem in Massachusetts where 44 percent of all housing units, and 51 percent of rental units, were built prior to 1950.

Nature and Extent of Problem

Massachusetts has the second oldest housing stock overall and the oldest rental inventory of any state in the nation. (On average, 27 percent of the nation's housing, and 28 percent of the rental stock, was built prior to 1950.) In certain high-risk communities, nearly two-thirds of the homes are over 50 years old. As the housing stock ages, lead painted surfaces naturally deteriorate and generate lead dust from normal wear and tear. The older the paint, the higher the concentration of lead in it. The deleading process itself can be risky if not done properly. The State Department of Public Health (DPH) estimates that up to a third of all children under six years old who are lead poisoned were in homes *undergoing renovation* without proper lead-safe work practices and careful clean-up.⁹⁰

Childhood lead levels have been dropping in Massachusetts, as elsewhere, for the past fifteen years, a positive trend that is generally attributed to the banning of lead in paint (1978) and gasoline (1982); increased awareness about the dangers of lead poisoning; better screening; and more comprehensive abatement programs.

Estimate of Need

Table 3.16 summarizes the number of Massachusetts dwelling units with potential lead-based paint hazards that are occupied by children under the age of six. HUD estimates that 68 percent of the housing units built before 1940, 43 percent of those built between 1940 and 1959 and 8 percent of those built between 1960 and 1977 have significant lead-based paint hazards. Applying these ratios to the Massachusetts inventory of housing occupied by children under the age of six provides the estimate of the number of children at risk. In total, more than 174,000 units where very low, or extremely low, income children live may contain lead hazards. In addition, another 472,000 older units are occupied by children under the age of six whose families earn above 50 percent of the area median income bringing the total of "at risk" units to nearly 647,000.

DPH records indicate that an average of 18,000 units are being inspected, and over 4,000 units are being treated, each year. More than 90,000 units have already been deleaded,⁹¹ including a substantial portion of the state's public housing and assisted inventory. However, an estimated 647,000 units still "at risk," much work remains.

⁹⁰ Fighting Childhood Lead Poisoning in Massachusetts, DPH

⁹¹ DPH's database goes back to 1990. Nearly 40,000 letters of compliance have been issued to date (July 2004) as have 90,920 letters of initial compliance, which DPH estimates more accurately represents the number of units deleaded

Table 3.16

Estimates of Potential Lead Based Paint in Housing Units Occupied by Children Under Age Six						
Region	Owner Occupied Units		Rental Units		Total Units	
	w Low Income Children < 6	w Other Children <6	w Low Income Children < 6	w Other Children <6	w Low Income Children < 6	w Other Children <6
Berkshire	2,170	9,400	2,715	3,552	4,885	12,952
Boston	27,917	139,230	50,035	89,116	77,953	228,347
Cape and Islands	2,398	8,814	1,794	3,237	4,192	12,051
Central	8,357	33,636	11,265	16,246	19,621	49,881
Northeast	9,851	42,857	13,430	17,419	23,281	60,276
Pioneer Valley	7,511	34,586	9,963	13,766	17,474	48,352
Southeast	11,413	42,277	15,311	18,598	26,724	60,875
TOTAL	69,617	310,799	104,514	161,934	174,131	472,732

Source: Special Tabulation Tables MA-A14060r and MA-a14B060r, and the *National Survey of Lead and Allergens in Housing, Revision 7.1*

Current Response

Massachusetts has had a lead paint statute on the books since 1971. It was only after the enactment of a 1987 law, requiring property owners to inspect and delead all units where children under the age of six resided, however, that the incidence of childhood lead poisoning began to significantly decline.⁹² In the year prior to the enactment of this law, more than 1,000 children in Massachusetts became lead poisoned; by 2003, that number had dropped to only 242. This progress is in part attributable to the state's comprehensive system of primary and secondary interventions, including:

- Mandatory blood lead testing of young children and identification of high-risk areas
- A well-funded (over \$1 million annually) public education campaign
- Preventive inspections and enforcement through local housing code, officials, special state inspectors and housing courts
- Mandatory training and licensing of inspectors and deleading contractors
- Case management of affected children by lead nurses and counselors
- Strict liability for owners of real property, promoting the deleading of all housing units occupied by families with children under the age of six
- Mandatory notification of lead hazards upon sale or lease-up

⁹² The law was amended in 1994

Deleading means that accessible surfaces with lead-based paint must be treated. A variety of methods are permitted depending on the surface, including component replacement, covering with durable materials, paint removal, encapsulation with approved liquid encapsulants, and (on less hazardous surfaces) paint stabilization. Soil is not required to be treated.

The Massachusetts Department of Public Health Childhood Lead Poisoning Prevention Program (MACLPPP) is the lead agency for educating the public about the risks posed by lead-based paint and other household and environmental hazards (for example, soil and water), and for ensuring that affected children receive appropriate intervention, including inspection and abatement. The Massachusetts statute defines lead poisoning as blood lead levels greater than or equal to 25 micrograms per deciliter (mcg/dL), what the CDC calls severe lead poisoning. Although comparable state-by-state statistics are not available, Massachusetts is believed to have one of the most comprehensive screening programs in the country, testing more than 70 percent of all children under the age of four, and more than 80 percent in areas designated as high risk. **Table 3.17** documents the decline in lead poisoning, and elevated lead levels in general, since the 1987 law took effect.

Since the last Consolidated Plan was submitted, a new HUD Lead-Safe Rule has taken effect. Although most requirements of the new rule were already being met under the Massachusetts Lead Law, DHCD has trained all its sub-grantees on the new federal requirements. MACLPPP has also developed a training curriculum, for risk assessments, including the risk assessments required under the Lead-Safe Rule, and trained all state-licensed inspectors. MACLPPP has also promulgated new regulations to unify state requirements for XRF inspection with HUD standards.

In the past five or so years, an estimated 10,000 units annually have been de-leaded, or certified lead-safe as a result of inspections done by state-licensed inspectors. In the public sector, all state family public housing units were de-leaded, at a cost of approximately \$30 million. Further, all substantially renovated “family” (one bedroom or larger) units in DHCD’s state and federal housing programs, including the federal HOME, CDBG, and Tax Credit programs, and the state Housing Innovations Fund, Housing Stabilization Fund and Tax Credit programs have been de-leaded to meet Massachusetts requirements. Finally, all publicly assisted leased housing units – in both state and federal programs – are required to be de-leaded whenever children under six are present. These actions closely follow or exceed requirements in the HUD Lead-Safe Rule.

The state’s lead program is substantially targeted to high risk communities, particularly to the private rental housing stock in those communities where low- and moderate- income households are likely to reside in units with significant hazards. All of the units where EBL children are identified are entered in the state case management system, which often results in an Order to Correct being issued. In addition, local code officials trained to perform lead determinations continue to conduct preliminary lead inspections and order full-scale inspections where needed. Finally, targeted public education campaigns continue and state supported lead counselors continue to assist any Massachusetts citizen seeking a lead safe home.

Existing Resources

Funding for lead paint abatement initiatives comes from CDBG and HOME (approximately \$6,300,000 combined), federal grants under the Lead-based Paint Hazard Control Program (\$2,000,000), and three state funded initiatives: MassHousing’s Get the Lead Out and Home Improvement Loan Programs and DHCD’s use of bond proceeds to delead state-funded public

housing units. Typically, DHCD has used CDBG and HOME housing rehabilitation funds for the lead-paint abatement portion of each of the renovation projects it funds.

MassHousing's Get the Lead Out Program and other low cost home improvement loans, have been funded annually at about \$4.5 million for the past few years and serve an average of 600 homeowners annually. To date, DHCD has funded the abatement of lead hazards in more than half of its family public housing units, and another 5,000 units are currently in process at any stage from initial testing to construction. The agency expects to complete the deleading of its state-aided family public housing units during the effective period of this consolidated plan.

Issues/Challenges

While the incidence of lead poisoning has declined by about 18 percent per year over the past five years, there remain several areas of concern. Many children record blood lead levels of 10mcg/dL or higher, a level that is below the state's legal definition of lead poisoning but enough to impair normal growth and development, according to the Centers for Disease Control, which considers it to be an exposure level of concern in children. (The number of children testing at this level has also dropped dramatically over time, but it remains pervasive enough to be a public health concern.)

Another concern is the disparate impact lead-based paint hazards pose to low income families, especially in communities of color. DPH classifies 21 cities – home to more than one third of the state's low income children, and more than three quarters of its black and Latino children – as high-risk communities for lead-based paint hazards. (See Table 3.17)

Table 3.17

Lead Levels in Children 0-6 Years Old Screened In Massachusetts					
Year	Moderate Risk (15-19 mcg/dl)		Immediate Risk (20-24 mcg/dl)		Poisoned (25+ mcg/dl)
	Cases	Incidence*	Cases	Incidence*	Cases
1987					1,001
1988					838
1989					776
1990					846
1991					869
1992					767
1993			120		770
1994			661	2.3	599
1995			650	2.3	522
1996			510	1.9	385
1997			426	1.6	365
1998	973	3.8	372	1.4	269
1999	707	2.8	279	1.1	231
2000	559	2.2	258	1.0	201
2001	426	1.7	159	0.6	159
2002	417	1.8	150	0.6	129
2003	353	1.5	125	0.5	117

- incidence is the rate per 1000 children tested

Source: Massachusetts Department of Public Health

These cities account for more than three-fourths of all cases of elevated blood lead levels (.15mcg/dL) in 2001. The incidence of lead poisoning in these cities continues to drop – and aggressive education and outreach efforts give them among the highest screening rates in the Commonwealth – but their incidence of lead poisoning remains more than three times higher than the state rate.

A third concern is that the Massachusetts law does not require complete deleading. Flat, in tact surfaces; trim and molding above the level of five feet; non-peeling exterior surfaces do not require remediation. As a result, units that were brought into compliance may, over time, present renewed hazards, as paint deteriorates or chips. And finally, a number of small – and often poor – rural communities, with less aggressive screening programs, have experienced an increase in elevated lead levels in the past several years, suggesting the need for expanded education and outreach into these areas.

Title X of the Housing and Community Development Act of 1992 and subsequent changes to the Massachusetts guidelines, both implemented in 2000, expanded lead paint abatement mandates to *all housing being upgraded with federal funds*, whether occupied by a child under the age of six or not. This has raised the per-unit cost of rehabilitating properties and, in some cases, impacted staffing and oversight requirements.

Table 3.18

High Risk Communities for Childhood Lead Poisoning July 01, 1998 through June 30, 2003								
Community	Entitle- ment	5-yr Cases	% Min- ority	Incidence	% Low Income	% Pre- 1950	Adjusted Rate	% Screened
Boston	E	348	50.5%	2.8	45%	67%	5.5	90%
Brockton	E	89	41.8%	3.6	44%	46%	4.7	86%
Chelsea	NE	29	61.7%	2.3	56%	60%	5.0	94%
Chicopee	E	15	13.1%	1.9	49%	42%	2.5	62%
Fall River	E	31	10.5%	1.4	57%	64%	3.3	81%
Fitchburg	E	30	24.8%	3.7	47%	65%	7.3	71%
Haverhill	E	39	13.7%	3.2	35%	49%	3.6	68%
Holyoke	E	38	46.0%	3.4	55%	55%	6.7	74%
Lawrence	E	97	65.9%	4.1	59%	61%	9.6	77%
Lowell	E	65	37.5%	2.6	45%	54%	4.1	71%
Lynn	E	79	37.5%	3.2	47%	66%	6.4	84%
Malden	E	16	30.4%	1.6	38%	58%	2.3	68%
New Bedford	E	81	24.8%	3.3	58%	66%	8.2	93%
Pittsfield	E	23	8.4%	2.4	49%	61%	4.7	90%
Salem	NE	16	17.6%	1.9	40%	61%	3.0	91%
Somerville	E	25	27.3%	1.9	36%	78%	3.5	82%
Springfield	E	116	51.2%	3.3	56%	52%	6.2	68%
Worcester	E	99	29.2%	3.0	49%	57%	5.4	72%
Non-High Risk		567		0.7				
MA High Risk		1,236	77.4%	2.9	48%	61%	5.5	81%
Massachusetts		1,803	18.1%	1.5	35%	44%	1.5	72%

(*) Only communities with at least 15 cases and with their Adjusted Rate no less than the state rate of 1.5 for this 5-yr period have been included.

5-yr Cases = Numbers of newly confirmed cases with blood lead levels ≥ 20 mcg/dL (children 6 months to 6 years) identified between July 1, 1998 and June 30, 2003

Incidence: = Rate per 1000 children screened

% Low Income = Percentage of households with low or moderate income

% Pre-1950 = Percentage of housing units built prior to 1950

Adjusted Rate = (Rate by town) * (%Low Income by town / %Low Income MA) * (%Pre-1950 by town / %Pre-1950 MA)

% Screened = Percentage of children 9 months to 4 years of age tested for lead poisoning during this period using Census 2000 population estimates (*some communities have a percentage above 100 because the population is underestimated)

Source: Massachusetts Department of Public Health